2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ad-

SIGNATURE:

all other I

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P94000093627** 1. Entity Name 05-15-2001 90082 035 ***158.75 THE SUPERIOR CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 3497 BOGGY CREEK ROAD P.O BOX 690504 ORLANDO FL 32869 KISSIMMEE FL 34744 US 2. Principal Place of Business Mailing Address 691902 Suite, Apt. #, etc. ite, Apt. #, etc. DO NOT WRITE IN THIS SPACE JRLAWDO City & State City & State 4. FEI Number Applied For 59-3293840 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. FIGUEROA, MARCOS A Street Address (P.O. Box Number is Not Acceptable) 3497 BOGGY CREEK ROAD KISSIMMEE FL 34744 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE □ Change TITLE ☐ Delete FIGUEROA, MARCOA A. NAME NAME 3497 BOGGY CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE FIGUEROA, RUTHGALLY E NAME NAME 3497 BOGGY CREEK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP Change Addition ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing too not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acculate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee proverse to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

MARCOS A. FIGUEROA

25/01 407-709-2708