

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90023 003 ***150.00

DOCUMENT # P95000039184

1. Entity Name

SUPERGOG, INC.

Principal Place of Business

Mailing Address

1000 1ST ST NE
 402
 PETERSBURG FL 33703

2636-11 STREET N.
 ST. PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

2636 11 ST NO

2636 11 ST NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St Petersburg FL

St Petersburg FL

City & State

City & State

33704

33704

Zip

Country

USA

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3317332

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARDEE, MARSHA J
 2636 11 ST NO
 ST. PETERSBURG, FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution: ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PARDEE, JANET B	
STREET ADDRESS	4651 1ST ST NE UNIT 402	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PARDEE, MARSHA J	
STREET ADDRESS	4651 1ST ST NE UNIT 402	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDEE, MARSHA J	
STREET ADDRESS	2636 11 ST NO	
CITY-ST-ZIP	St Petersburg FL 33704	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, TRACY J.	
STREET ADDRESS	2636 11 ST NO	
CITY-ST-ZIP	St Petersburg FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does 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 accurate 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet B. Pardee 3-10-2000

927 522 8804

CR2E034 (9/99)