

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068178

i. Entity Name

SUPERIOR SYSTEMS OF BREVARD, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90019 034 ***150.00

Principal Place of Business

COLLINGS STREET SE
BAY FL 32909

Mailing Address

560 COLLINGS STREET SE
PALM BAY FL 32940-7133

00016601



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7825 Business Gtr. Blvd.

Suite, Apt. #, etc.

A-16

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

4. FEI Number

59-3333485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES K
560 COLLINGS ST SE
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name

4290 Parkway Dr.

Melbourne

FL

Zip Code

32934

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, JAMES K	
STREET ADDRESS	560 COLLINGS ST S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAHN, KERMIT B	
STREET ADDRESS	2179 FALLON BLVD NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOHLEN, JENYSE M	
STREET ADDRESS	560 COLLINGS ST SE	
CITY-ST-ZIP	PALM BAY FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4290 Parkway Dr.	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4290 Parkway Dr.	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)