

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90311 022 ***150.00

DOCUMENT # P95000068178

1. Entity Name
SUPERIOR SYSTEMS OF BREVARD, INC.

Principal Place of Business

2825 BUSINESS CTR BLVD
A-6
MELBOURNE FL 32940

Mailing Address

2825 BUSINESS CTR BLVD
A-6
MELBOURNE FL 32940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2825 Business Ctr Blvd
Suite, Apt. #, etc.
D-10

3. Mailing Address

2825 Business Ctr Blvd
Suite, Apt. #, etc.
D-10

City & State

Melbourne, Fl

City & State

Melbourne, Fl

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
4290 PARKWAY DRIVE
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
NAME **WHITE, JAMES K**
STREET ADDRESS **4290 PARKWAY DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **VP** ☒ Delete
NAME **HAHN, KERMIT B**
STREET ADDRESS **2179 FALLON BLVD NE**
CITY-ST-ZIP **PALM BAY FL**

TITLE **T** ☐ Delete
NAME **WHITE, JENYSE M**
STREET ADDRESS **4290 PARKWAY DR.**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PLS** ☒ Change ☐ Addition
NAME **White, James K.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **White, Jenyse**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Jenyse White* **Treasure** **4/10/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)