## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000074562**

SUPERIOR ADJUSTING, INC.

Principal Place of Business

Mailing Address

4161 NW 5 STREET PLANTATION FL 33317 P. O. BOX 5347

FORT LAUDERDALE FL 33310

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

City & State

Country

de/dale

407193

## **FILED** Feb 02, 2001 8:00 am Secretary of State

02-02-2001 90282 050 \*\*\*158.75

709451



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0612603

Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

MILNE, SAMUEL A 4161 N.W. 5TH STREET PLANTATION FL 33317

9. This corporation is eligible to satisfy its Intangible

LAWSON, MICHELE V

4161 N.W. 5TH STREET

PLANTATION FL 33317

RAYMOND, RONALD A

2107 S. ANDREWS AVE.

SIMBERG, BRUCE F

LEONARD, CARLA L

4161 N.W. 5TH STREET

PLANTATION FL 33317

4161 N.W. 5TH STREET

FT. LAUDERDALE FL 33316

Tax filing requirement and elects to do so.

(See criteria on back)

☐ Change

Change

Fee Required

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

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7iP

of registered agent and title if applicable

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

Addition

☐ Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete NAME LAWSON, EDWARD J NAME STREET ADDRESS 4161 N. W. 5TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33317** TITLE SD 💢 Delete TITLE NAME DOYLE, PATRICK D NAME STREET ADDRESS 4161 N.W. 5TH STREET STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** 

☐ Delete

Delete

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Change Addition

STREET ADDRESS CITY-ST-ZIP

Change ☐ Addition

Change

NAME STREET ADDRESS CITY-ST-ZIP

> ☐ Delete TITI F NAME STREET ADDRESS CITY-ST-ZIP

> Qelete TITLE NAME STREET ADDRESS

Change

☐ Addition

PLANTATION FL 33317 13. Thereby 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 arratize them with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

tooher J. Lawson