

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90218 001 ***100.00
 05-24-2001 90491 030 ***50.00

DOCUMENT # P96000029254

1. Entity Name

SUPERIOR PROPERTIES OF PASCO, INC.

Principal Place of Business

8620 AIRWAY BLVD
NEW PORT RICHEY FL 34654

Mailing Address

8620 AIRWAY BLVD
NEW PORT RICHEY FL 34654

2. Principal Place of Business

6041 SIESTA LANE

Suite, Apt. #, etc.

3. Mailing Address

6041 SIESTA LANE

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

City & State

PORT RICHEY, FL

Zip

34668

Country

USA4. FEI Number **59-3448591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JENSEN, ROSS
8620 AIRWAY BLVD
NEW PORT RICHEY FL 34654

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.

(NOT: 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
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**

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	JENSEN, STEVEN R	
STREET ADDRESS	8620 AIRWAY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JENSEN, ROSS J	
STREET ADDRESS	8620 AIRWAY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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		
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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 - A DIRECTOR

Steven R. Jensen

Date

05/10/01 7278429977

Daytime Phone #

CR2E034 (10/00)