2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 2002 8:00 am Secretary of State DOCUMENT # P96000029254 1. Entity Name 05-22-2002 90174 003 ***150 00 SUPERIOR PROPERTIES OF PASCO, INC. Mailing Address Principal Place of Business 60041 SIESTA LANE 60041 SIESTA LANE PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Mailing Address 2. Principal Place of Business 6041 SIESTA 6041 SIESTA LANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3448591 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name JENSEN, ROSS Street Address (P.O. Box Number is Not Acceptable) 8620 AIRWAY BLVD SIESTA LANE **NEW PORT RICHEY FL 34654** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change Change TITLE **PSTD** ☐ Delete TITLE NAME NAME JENSEN, STEVEN R 6041 SIESTA LANE PORT RICHEY, FL 34668 STREET ADDRESS 8620 AIRWAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** TITLE ☐ Delete VPD NAME NAME JENSEN, ROSS J GOYI SIESTA LANE STREET ADDRESS STREET ADDRESS 8620 AIRWAY BLVD PORT RICHEY, FL 34668 CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** ~ ⊡ · Deletë TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 at 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.

FILED