

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90015 043 ***150.00

DOCUMENT # P96000031230

1. Entity Name
SUPERCHANNEL CENTRE, INC.

Principal Place of Business Mailing Address
1520 PARKBREEZE CT 4520 PARKBREEZE CT
ORLANDO FL 32808 ORLANDO FL 32808-1045

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3388634** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWERS, CLAUD
4520 PARKBREEZE CT
ORLANDO FL 32808

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWERS, CLAUD	
STREET ADDRESS	477 PICKFORD PT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BOWERS, FREEDA	
STREET ADDRESS	477 PICKFORD PT	
CITY-ST-ZIP	LONGWOOD FL 32808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWELL, P B JR	
STREET ADDRESS	603 GIBSON ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOHN E	
STREET ADDRESS	5200 S US HWY 17-92	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	V	<input type="checkbox"/> Delete
NAME	COURTE, ANGELA	
STREET ADDRESS	9058 HARBOR ISLE DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEIK, STEPHEN	
STREET ADDRESS	2229 EARLEAF CT	
CITY-ST-ZIP	LONGWOOD FL 32779	

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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: Freeda Bowers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Freeda Bowers

02/21/00 407-298-5555

Date Daytime Phone #

CR2E034 (9/99)