

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90137 011 ***550.00

0019250 AV

DOCUMENT # P97000000734

1. Entity Name
SUPERIOR SPORTS, INC.



Principal Place of Business
**3456 NORTH US 1
VERO BEACH FL 32960
US**

Mailing Address
**3456 NORTH US 1
VERO BEACH FL 32960
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0721513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGUIGAN, JAMES F
91 LIGHTHOUSE DR
JUPITER FL 33469**

Name **James F. MCGUIGAN**

Street Address (P.O. Box Number is Not Acceptable)
19900 Beach Rd 501

City **Jupiter Island**

FL

Zip Code
33469

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

James McGuigan

(NOTE: Registered Agent signature required when reinstating)

8/12/03

DATE

FILE NOW!!! FEE IS \$650.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **MCGUIGAN, JAMES F**
STREET ADDRESS **91 LIGHTHOUSE DR**
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **CEO** ☒ Change ☐ Addition
NAME **James F McGuigan**
STREET ADDRESS **19900 Beach Rd 501**
CITY-ST-ZIP **Jupiter Island FL 33469**

TITLE **VP** ☐ Delete
NAME **MCGUIGAN, JAMES F JR**
STREET ADDRESS **1819 18TH CT**
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **VP** ☒ Change ☐ Addition
NAME **James F McGuigan**
STREET ADDRESS **7604 Deer Park Ave**
CITY-ST-ZIP **Ft Pierce FL 34951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/03 **621 774 1459**

CR2E034 (4/03)