

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023586

Entity Name  
SUPERIOR MORTGAGE GROUP, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90125 013 \*\*\*150.00

Principal Place of Business  
328 N THIRD ST  
JACKSONVILLE BEACH FL 32250

Mailing Address  
1328 N THIRD ST  
JACKSONVILLE BEACH FL 32250



Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0740165

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

~~CAMP, RICHARD~~ *ANETTE T. BUSSELL*  
~~4410 SOUTHPOINT BLVD~~ *767 STOCKTON STREET*  
~~STE 205~~ *JACKSONVILLE, FL 32204*  
~~JACKSONVILLE FL 32216~~

*Lisa J. Filice*  
Street Address (P.O. Box Number is Not Acceptable)  
*337 JACKSONVILLE DRIVE*  
*1328 N. 3rd STREET*  
City *Jacksonville Beach* FL Zip Code *32250*

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.

(NOTE: Registered Agent signature required when reinstating)

D/E

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, 2002 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

1. NAME ☐ Delete  
PSTD  
FILICE, LISA A  
337 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH FL 32250

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*FILICE, LISA A.*  
*1328 N. THIRD ST.*  
*JACKSONVILLE BEACH, FL 32250*

2. NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

3. NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

4. NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

5. NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

6. NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/02*

Date

Daytime Phone #

CR2E034 (9/01)