2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P98000010985 1. Entity Name SUPERIOR FINANCE CORPORATION OF AMERICA, INC. 03-19-2001 90006 033 ***150.00 Mailing Address Principal Place of Business 618 WASHBURN ROAD 618 WASHBURN ROAD MELBOURNE FL 32934 MELBOURNE FL 32934 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8,75 Additional Country Zip ¹ Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent-LACINA, KATHY P Street Address (P.O. Box Number is Not Acceptable) 618 WASHBURN ROAD **MELBOURNE FL 32934** 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. PIHLAJA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE Delete MARKE NAME LACINA, KATHY P STREET ADDRESS STREET ADDRESS 618 WASHBURN ROAD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 ☐ Change ☐ Addition ■ Delete TITLE TITLE NAME NAME PIHLAJA, RACHAEL J STREET ADDRESS STREET ADDRESS 618 WASHBURN ROAD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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

FILED

SIGNATURE AND SEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND SEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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: