

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054900

1. Entity Name

SUPERIOR CIRCUIT TECHNOLOGIES, INC.

Principal Place of Business

1805 CANOVA ST. S.E. STE.1  
PALM BAY FL 32909

Mailing Address

1805 CANOVA ST. S.E. STE.1  
PALM BAY FL 32934-9238

2. Principal Place of Business

721-F NORTH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

721-F NORTH DRIVE

Suite, Apt. #, etc.

City & State

MELBOURNE FL

Zip

32934

Country

City & State

MELBOURNE FL

Zip

32937

Country

4. FEI Number

59-3517709

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE., STE.900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

DAVID RATTE

Street Address (P.O. Box Number is Not Acceptable)

721-F NORTH DRIVE

City

MELBOURNE

FL

Zip Code

32934

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PT  
NAME RATTE, DAVID  
STREET ADDRESS 1805 CANOVA ST SE SUITE 1  
CITY-ST-ZIP PALM BAY FL 32909 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME DAVID RATTE  
STREET ADDRESS 721-F NORTH DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32934 ☒ Change ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Delete

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:

*David Ratte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90203 041 \*\*\*150.00

00000000



DO NOT WRITE IN THIS SPACE

1/4/2000

321-254-4201