

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074706

1. Entity Name

SUPERIOR DESIGNS OF PORT ORANGE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 032 ***150.00

Principal Place of Business

Mailing Address

503-A HERBERT STREET
PORT ORANGE FL 32127

P O BOX 291537
PORT ORANGE FL 32129-1537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532364

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILL, ERIC V
4393 RIDGEWOOD AVENUE SUITE 1
PORT ORANGE FL 32127

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME **P DUBOIS, WAYNE T** ☐ Delete
STREET ADDRESS **503-A HERBERT STREET**
CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE _____
NAME **ST DUBOIS, CONNIE L** ☐ Delete
STREET ADDRESS **503-A HERBERT STREET**
CITY-ST-ZIP **PORT ORANGE FL 32127**

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

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

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

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

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

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

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

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

TITLE _____
NAME _____ ☐ Change ☐ Addition
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: _____

Connie L Dubois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00

9043221519

CR2E034 (9/99)