

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90237 012 ***150.00

DOCUMENT # P98000074706

1. Entity Name

SUPERIOR DESIGNS OF PORT ORANGE, INC.

Principal Place of Business

**503-A HERBERT STREET
 PORT ORANGE FL 32127**

Mailing Address

**P O BOX 291537
 PORT ORANGE FL 32127**

2. Principal Place of Business

5889 Airport Road

3. Mailing Address

Suite, Apt. #, etc.

Bldg 13, Unit 1331

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Zip

32124

Country

USA

Zip

Country

4. FEI Number

59-3532364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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 **P** ☐ Delete
 NAME **DUBOIS, WAYNE T**
 STREET ADDRESS **503-A HERBERT STREET**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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*

Connie L. Dubois

01-15-01

9043221519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)