

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90318 024 ***150.00

0109617 AV

DOCUMENT # P98000096054

1. Entity Name
SUPERIOR TRANSPORTATION STORAGE, INC.

Principal Place of Business Mailing Address

~~5482 CENTRAL FLA. PARKWAY~~
~~ORLANDO FL 32821~~

~~5482 CENTRAL FLA. PARKWAY~~
~~ORLANDO FL 32821~~



2. Principal Place of Business 3. Mailing Address

1265 Spruce Ave **Sam**

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

DO NOT WRITE IN THIS SPACE

City & State City & State

ORLANDO, FL **ORLANDO, FL**

Zip Country Zip Country

32824 **FL** **32824** **FL**

4. FEI Number Applied For

59-3550558 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMERSON FINANCIAL CORPORATION
5482 CENTRAL FLA. PARKWAY
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name **MAZEN BRIMO**

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

1265 Spruce Ave

City State Zip Code

ORLANDO, FL **32824**

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 DATE

Mazen Brimo **4/15/02**

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, 2002 Fee will be \$590.00
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	D	<input type="checkbox"/> Delete
NAME	BRIMO, MAZEN	
STREET ADDRESS	5482 CENTRAL FLA. PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMKO, JOSEPH G	
STREET ADDRESS	5482 CENTRAL FLA. PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZEN BRIMO	
STREET ADDRESS	1265 Spruce Ave	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: DATE Daytime Phone #

Mazen Brimo **4/15/02** **407-816-7137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)