## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P98000105574

1. Entity Name

SUPER ELIER, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90400 037 \*\*\*150.00

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Principal Pla 2473 42ND NAPLES FL	-	5	Mailing Address 2473 42ND ST SW NAPLES FL 34116								
}											
2. Principal	Place of Busin	ess	3. Mailing Address				-{				
Suite, Apt. #, etc.			Coine And the state of the stat				_				
54.6,700.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FE	59-3541866		Applied For	
Zip	Zip Country		Zip		Country		<b>5.</b> Ce	5. Certificate of Status Desired See Required Fee Required			ble
	6. Name	and Address of Curren	t Registere	ed Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7. Na	me and Address of New Register		quirea	$\dashv$
TOLEDO	. FUED			<u> </u>		Name		register	eu Agent		$\dashv$
TOLEDO, ELIER -							(drape /P.O. Boy Alimbor is Net Association)				
2473 42ND ST SW					Ĺ	bucce Address (	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES	FL 34116				ļ			· · · · · · · · · · · · · · · · · · ·			ヿ
r .					-	City Zip Co				Code	$\dashv$
8. The above named entity submits this statement for the purpose of changing its						rgistered office or registered agent, or both, in the State of Florida. I am familiar with, and acce					_
the obliga	itions of registe	red agent.			, og lotor og	onice of register	ieu agei	it, or both, in the State of Florida. Ta	am tamiliar v	vith, and acce	ot
SIGNATURE											
	Signature, typed or	r printed name of registered agen	t and title if appl	licable. (NOTE	: Registered A	gent signature required	t when reins	itating) DAT	TE		
F	ILE NOW!!!	FEE IS \$150.00						<del></del>	<del></del>	<del></del>	
Afte Make Check	r May 1, 2003 k Payable to	l Fee will be \$550.00 Florida Department o	of State				ĺ	<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		<b>5.00</b> May Bedded to Fees	,
10.		OFFICERS AND	DIRECTO	RS	11.		ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 11	4
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12. 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 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

☐ Change

Addition