2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

682 W OHIO AVE MACCLENNY FL 32063-2818

DOCUMENT # P99000023506

Country

6. Name and Address of Current Registered Agent

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

Beatrice D.-Davis

792 W Ohio Avenue

MacClenny, FL 32063

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its intangible "

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITI F NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

STREET ADDRESS

CITY-SE-7/P

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

W OHIO AVE

FINNY FL 32063

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

DAVIS, BEATRICE D

682 W OHIO AVE MACCLENNY FL 32063

SUPERIOR CARRIAGE, INC.



Country

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

MILE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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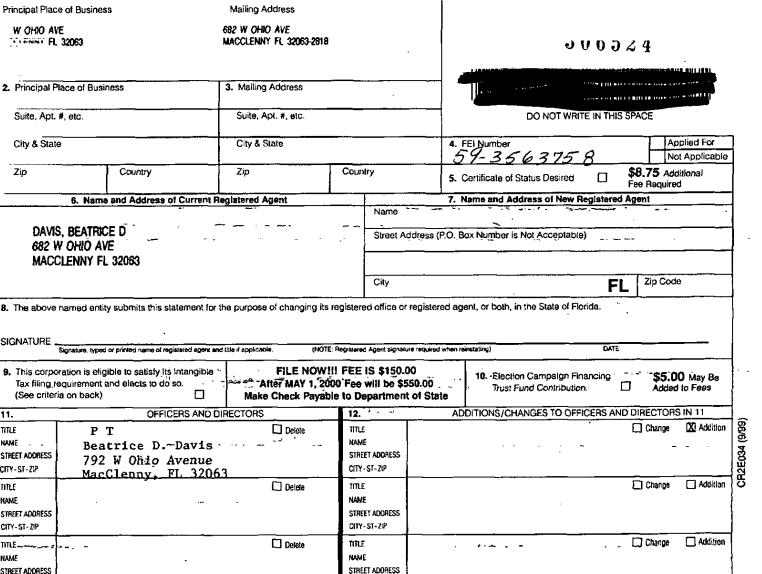
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FILED Jun 22, 2000 8:00 am Secretary of State

05-24-2000 90053 006 ***150.00



NAME ... NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 65 C 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. Hurther 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. Beatrice D. Davis, President

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

☐ Addition

☐ Addition

Change

☐ Change

☐ Change