2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094211

1. Entity Name

SUPERIOR ASSEMBLY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6926 -1 PHILLIPS PARKWAY DR SOUTH JACKSONVILLE FL 32256	6926 -1 PHILLIPS PARKWAY DR SOUTH JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
606 -2 N LANE AVE	606-2 N LANE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL 32254	City & State: Jacksonville FL
Zip: 32254 Country: USA	Zip: 32254 Country: USA

4. FEI Number **59-3605802**

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, CATHY
6043 BROOKRIDGE ROAD
JACKSONVILLE FL 32210

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☐ Change	☒ Addition
NAME	HENDERSON, CATHY		NAME	Lucy Miller		
STREET ADDRESS	6043 BROOKRIDGE ROAD		STREET ADDRESS	2847 Gatling Blvd		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Orange Park, FL 32065		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/00)

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: *Cathy Henderson*   5-01-01   904-378-0049

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