

FILED

Jul 15, 2002 8:00 am
Secretary of State

06-16-2002 90694 029 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110849

1. Entity Name

SUPERIOR DOCK SERVICES, INC.

Principal Place of Business

129 KIANA DRIVE
BRANDON FL 33511

Mailing Address

129 KIANA DRIVE
BRANDON FL 33511

2. Principal Place of Business

3219 North A Street

Suite, Apt. #, etc.

3. Mailing Address

3219 North A Street

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Tampa, FL

Zip
33609Country
USAZip
33609Country
USA

4. FEI Number 59-3616374

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ARTURO
129 KIANA DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name
HERNANDEZ, JORGE
Street Address (P.O. Box Number is Not Acceptable)

3219 North A Street

City Tampa

FL

Zip Code
33609

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

Jorge Hernandez

July-9-02

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ARTURO	
STREET ADDRESS	129 KIANA DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JORGE	
STREET ADDRESS	15501 BRUCE B. DOWNS, APT. 201	
CITY-ST-ZIP	TAMPA FL 33647	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/VP/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Jorge	
STREET ADDRESS	3219 North A Street	
CITY-ST-ZIP	Tampa, FL 33609	
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		
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:

Jorge Hernandez

June-10-02

813-7855290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)