

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **9 99 0001 0349**

1. Entity Name

SUPERIOR DOCK SERVICES, INC.

FILED

02 DEC -9 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3219 W. North A St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3616374

Applied For

Not Applicable

Zip

33609

Country

Hills

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ivette Hernandez

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

3219 West North A Street

City

Tampa

FL

Zip Code  
336

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.

Ivette Hernandez

(NOTE: Registered Agent signature required when reinstating)

11/20th/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
Jorge Hernandez- Pres.  
STREET ADDRESS  
3219 W. North A St.  
CITY-ST-ZIP  
Tampa, FL 33609

TITLE  
NAME  
Ivette Hernandez- Sec.  
STREET ADDRESS  
3219 W. North A St.  
CITY-ST-ZIP  
Tampa, FL 33609

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Hernandez

11/20th/02

Date

Daytime Phone #

CR2E034B (12/01)

12/10