

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71478

1. Entity Name

SUPERIOR FAN COMPANY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90300 045 ***158.75

Principal Place of Business

Mailing Address

1126 SOLANA AVE
WINTER PARK FL 32789
US

P.O. BOX 520637
LONGWOOD FL 32752-0637
US

2. Principal Place of Business

3. Mailing Address

499 N. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2029

City & State

City & State

ALTAMONTE SPRINGS FL

Zip

Country

Zip

Country

32714

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMISSMAN, CLARINE F
200 N THORNTON AVE
ORLANDO FL 32801

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS FLANAGAN, JAMES P., SR.
CITY-ST-ZIP 1503 MARVIN ST.
LONGWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS FLANAGAN, JAMES P., JR.
CITY-ST-ZIP 3401 WERBER ST.
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME ST
STREET ADDRESS FLANAGAN, CAROL J
CITY-ST-ZIP 1503 MARVIN STREET
LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James P. Flanagan

JAMES P FLANAGAN

4-20-00

407-599-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)