

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90646 030 ***150.00

0013448 AV

DOCUMENT # V11272

1. Entity Name
SUPERIOR DASH, INC.

Principal Place of Business
**1960 SOUTH SEGRAVE STREET
 SOUTH DAYTONA FL 32119-2128**

Mailing Address
**1960 SOUTH SEGRAVE STREET
 SOUTH DAYTONA FL 32119-2128**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3107420**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, CARL
 6025 PARK RIDGE DRIVE
 PORT ORANGE FL 32127**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, CARL	
STREET ADDRESS	6025 PARK RIDGE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOVEL, A. ASHTON	
STREET ADDRESS	136 SEA ISLE CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CLARENCE	
STREET ADDRESS	125-C GOLDEN EYE DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carl Dovel Ashton Dovel s/t 3/20/2002 386-761-1265
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)