

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90110 030 ***150.00

DOCUMENT # V68333

1. Entity Name
SUPERIOR TEMPORARIES, INC.

Principal Place of Business 9600 W SAMPLE RD SUITE 404 CORAL SPRINGS FL 33065 US	Mailing Address 9600 W SAMPLE RD #404 CORAL SPRINGS FL 33065 US
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2. Principal Place of Business 602 B Rutledge Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 22528 Suite, Apt. #, etc.
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City & State Charleston SC	City & State Charleston SC
Zip 29403	Country US
Zip 29413	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0359778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RICHARD F. HERMANN'S
 9600 W SAMPLE RD
 SUITE 404
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent
 Name **Mike McNamara**
 Street Address (P.O. Box Number is Not Acceptable) **9600 West Sample Rd**
Suite 404
 City **Coral Springs** **FL** Zip Code **33065**

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 *Richard F. Hermann* DATE 1/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERMANN'S, RICHARD F. 9600 W SAMPLE RD #404 CORAL SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESCARZAGA, WALTER 9600 W SAMPLE RD #404 CORAL SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLOCKS, JAMES S. 9600 W SAMPLE RD #404 CORAL SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSCIA, LOUIS E 9600 W SAMPLE RD #404 CORAL SPRGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached separate address, with all other like empowered.

SIGNATURE: *Dan McAnnar* DATE 2/13/01 DAYTIME PHONE # 843 723-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)