

# 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

2. Principal Place of Business

602 B Rutledge Ave  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22528  
Suite, Apt. #, etc.

City & State

Charleston SC

City & State

Charleston SC

4. FEI Number

65-0359778

Applied For

Not Applicable

Zip

29403

Country

US

Zip

29413

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARD F. HERMANNS  
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

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, 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	DP	<input type="checkbox"/> Delete
NAME	HERMANNS, RICHARD F.	
STREET ADDRESS	9600 W SAMPLE RD #404	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ESCARZAGA, WALTER	
STREET ADDRESS	9600 W SAMPLE RD #404	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLOCKS, JAMES S.	
STREET ADDRESS	9600 W SAMPLE RD #404	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOSCIA, LOUIS E	
STREET ADDRESS	9600 W SAMPLE RD #404	
CITY-ST-ZIP	CORAL SPRGS FL	
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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN MCANNAN 2/13/01 843 723-7400

Date

Daytime Phone #

CR2E034 (10/00)