

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080700

1. Entity Name

SHOW SYSTEMS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90222 035 \*\*\*150.00

Principal Place of Business

Mailing Address

4017 W OSBORNE  
SUITE 4  
TAMPA FL 33614  
US

13014 N. DALE MABRY  
SUITE 252  
TAMPA FL 33618-2808  
US

2. Principal Place of Business

3. Mailing Address

5317 56<sup>th</sup> Commerce Park Blvd  
Suite, Apt. #, etc.

5317 56<sup>th</sup> Commerce Park Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

33610

USA

Zip

Country

33610

USA

4. FEI Number

59-3533078

Applied For

Not Applicable

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

SNIPES, FRANK V III  
13901 N. FLORIDA AVE.  
TAMPA FL 33613

Name

Alexandra P Snipes

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

5000 Culbreath Key Way #1-215

City

Tampa

FL

Zip Code

33611

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

Alexandra P Snipes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/00

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 PST  
NAME SNIPES, ALEXANDRA P  
STREET ADDRESS 13901 N. FLORIDA AVENUE, #E-70  
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE PST  
NAME Snipes, Alexandra P.  
STREET ADDRESS 5000 Culbreath Key Way #1-215  
CITY-ST-ZIP Tampa FL 33611 ☒ Change ☐ Addition

TITLE VP  
NAME SNIPES, FRANK V  
STREET ADDRESS 13901 N FLORIDA AVENUE, #3-70  
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE VP  
NAME Snipes, Frank, V.  
STREET ADDRESS 5000 Culbreath Key Way #1-215  
CITY-ST-ZIP Tampa FL 33611 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

Alexandra P Snipes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

813-630-9585

Daytime Phone #

CR2E034 (9/99)