

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517000

1. Entity Name

FRED'S SHOWCASE OF FORT WALTON BEACH, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90237 020 ***150.00

Principal Place of Business

Mailing Address

843 N. EGLIN PARKWAY
FT. WALTON BCH FL 32547-2529

843 N. EGLIN PARKWAY
FT. WALTON BCH FL 32547-2529

C0057581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1175 EGLIN PKWY

3. Mailing Address

1175 EGLIN PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Shalimar FL

City & State

Shalimar FL

4. FEI Number

59-1695733

Applied For

Not Applicable

Zip

Country

32579

Zip

Country

32579

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

MEYER, FREDERICK S.
843 N EGLIN PARKWAY
FT WALTON BEACH FL 32547

Name

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

1175 EGLIN PKWY

City

Shalimar

FL

Zip Code

32579

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 PSTD
STREET ADDRESS MEYER, FREDERICK S.
CITY-ST-ZIP 843 N EGLIN PARKWAY
FT WALTON BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1175 EGLIN PKWY
CITY-ST-ZIP Shalimar FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00

850-651-3400

CR2E034 (9/99)