

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005776

1. Entity Name

SHOWERDOME MARKETING INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90366 037 ***150.00

Principal Place of Business

1732 SINGING PALM DR.
APOPKA FL 32712

Mailing Address

1732 SINGING PALM DR.
APOPKA FL 32712-2465

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1214517

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

PRESNELL, FRANK
1732 SINGING PALM DR.
APOPKA FL 32712

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

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	C	<input type="checkbox"/> Delete
NAME	PRESNELL, FRANK L	
STREET ADDRESS	1732 SINGING PALM DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OLSON, RICHARD	
STREET ADDRESS	27282 CALLE ANEJO	
CITY-ST-ZIP	CAPISTRANO BEACH CA 92624	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOGGS, SHIRLEY	
STREET ADDRESS	9753 CAREYTOWN RD.	
CITY-ST-ZIP	HILLSBORO OH 45133	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRESNELL, NADEAN L	
STREET ADDRESS	1732 SINGING PALM DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	DIRECTOR OF COMMUNICATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL L. PRESNELL	
STREET ADDRESS	771 CESSNA AVE.	
CITY-ST-ZIP	CHICO, CA 95928	
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:

Frank L. Presnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK L. PRESNELL CHAIRMAN

Date

4/29/00

Daytime Phone #

407-880-3475

CR2E034 (9/99)