

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90373 024 ***158.75

DOCUMENT # P00000011606

1. Entity Name
SHOW FX INC.

Principal Place of Business

Mailing Address

**121 AVENUE C
 GENEVA FL 32732**

**P.O. BOX 196
 GENEVA FL 32732**

2. Principal Place of Business

3. Mailing Address

1876 Genova Dr

1876 Genova Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo FL.

City & State

Oviedo FL.

4. FEI Number

59-3634051

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALAZAR, JOHN E
 121 AVENUE C
 GENEVA FL 32732**

7. Name and Address of New Registered Agent

Name

Salazar, John E

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

1876 Genova Dr

City

Oviedo

FL

Zip Code

32765

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

John E. Salazar President

4-30-02

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**T
 SALAZAR, JUNE
 121 AVE C
 GENEVA FL 32732**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 SALAZAR, JOHN
 121 AVE C
 GENEVA FL 32732**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 SALAZAR, John
 1876 Genova Dr
 Oviedo FL. 32765**

☒ Change ☐ Addition

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 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

407-349-1405

Date

Daytime Phone #

CR2E034 (9/01)