

2002 UNIFORM BUSINESS REPORT (UBR)

0092101 AV

DOCUMENT # P00000016648

1. Entity Name
SHOW BIZ TRANSPORTATION SERVICES, INC.

FILED

02 SEP 17 AM 9: 56

Principal Place of Business
18916 WOOD SAGE DR.
TAMPA FL 33647

Mailing Address
18916 WOOD SAGE DR.
TAMPA FL 33647

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06-23-02 90504-024150.00
\$



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3624792

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

TERWILLIGER, CAROL
18916 WOOD SAGE DR.
TAMPA FL 33647

Name

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

800007854208--3

-09/19/02--01080--011

City

****608.75 ****608.75
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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 | DPST MCKAY, MARILYN 18916 WOOD SAGE DR TAMPA FL 33647 | Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP TERWILLIGER, CAROL 18916 WOOD SAGE DR TAMPA FL 33647 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO (Chief Executive Officer) CAROL Terwilliger 18916 Wood Sage Dr. Tampa FL 33647 | Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO (Chief Operating Officer) Sidney J. Wagner 18916 Wood Sage Dr. Tampa FL 33647 | Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT Marilyn McKay 18916 Wood Sage Dr. Tampa FL 33647 | Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President CAROL Terwilliger 18916 Wood Sage Dr. Tampa FL 33647 | Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER Marilyn McKay 18916 Wood Sage Dr. Tampa FL 33647 | Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Marilyn McKay 18916 Wood Sage Dr. Tampa FL 33647 | Change <input type="checkbox"/> 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: *Carol Terwilliger* 8/4/02 2/01876

CR2E034 (4/02)