## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000016648

1. Entity Name

SHOW BIZ TRANSPORTATION SERVICES, INC.



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Principal Place of Business 18916 WOOD SAGE DR. TAMPA FL 33847			Mailing Address 18916 WOOD SAGE DR. TAMPA FL 33647					M	<b>,</b>	SE( TAJJ	CRETAL AHAS	RY OF S SEE, FL	ORIDA	
2. Principal P	Place of Busines	SS .	3. Mailing Address								<b>  [4</b> ]	I <b>ere d</b> ial <b>u d</b> alif		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHỆCK HERE IF MAKING CHANGES							
City & State			City & State					4. FEI Number 59-3624792 Applied For						
7:-											L:11,04		1,4,	ot Applicable
Zip Country			Zip	Count	Country			rtificate of	Status D	esired		<b>\$8.75</b> Ad Fee Require		
6. Name and Address of Current Registered Agent								7. Na	me and A	ddress o	f New Re	gistered A	lgent	
TERMINA I	AEB 04001					Name								
TERWILLIGER, CAROL						Street Address (P.O. Box Number is Not Acceptable)								
18916 WOOD SAGE DR.							-				<del></del>	<u>_</u>	<del></del>	
TAMPA FL 33647				,										
						City						FL	Zip Cod	e
		submits this statement fo	r the purpos	e of changing its	registere	d office or	registere	ed agen	t, or both,	in the Sta	ate of Flori	ida. I am f	amiliar with,	and accept
the obligat	tions of register	ed agent.												
SIGNATURE .	Signatura based or	printed name of registered agent	nd title if caption	hi- (NOTE	Danistarad	Agent signatu	un required	uton roing	intinal.			DATE		
<u> </u>	·		and title ii applica	IDIB. (NOTE	. negistereu	Agent signatu	ire required	WHOIL TEXTS	aung)			DAIE		
		FEE IS \$550.00							9. Electi	ion Camp	aign Fina	incing	\$5.0	<b>10</b> May Be
	•	003 Fee will be \$750 Florida Department of							Trust	Fund Co	ntribution.			to Fees
10.		OFFICERS AND			11.			<u>A</u>	TIONS/CE	HANGES	TO OFFIC	CERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP	TAMPA FL 3	1 <del>1</del> 0047			CITY-S	ST-ZIP								Ì

12. I hereby certify that the information supplied with this filing cloes not quality 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 empoyeed each execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**