

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-10-2001 90223 028 ***150.00

DOCUMENT # P00000091833

1. Entity Name

SHOWBOAT EXHIBIT INSTALLATION SERVICES, INC.

Principal Place of Business

Mailing Address

3605 OLD WINTER GARDEN RD., STE. 1
 ORLANDO FL 32805

3605 OLD WINTER GARDEN RD., STE. 1
 ORLANDO FL 32805

(LA)

2. Principal Place of Business

4803 Dandelion DR
 Suite, Apt. #, etc.

3. Mailing Address

4803 Dandelion DR
 Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32818

Country

U.S.

City & State

Orlando, FL

Zip

32818

Country

U.S.

4. FEI Number

59-3674401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, FIDEL J
 929 WILSON RIDGE DR., #1912
 ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name: Fidel J. Gutierrez
 Street Address (P.O. Box Number is Not Acceptable): 4803 Dandelion DR
 City: ORLANDO FL Zip Code: 32818

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Fidel J. Gutierrez 4803 Dandelion DR Orlando FL 32818	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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

[Signature]

Fidel J. Gutierrez

4-20-01 407-523-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)