

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000100728**1. Entity Name  
SHOWDOWN PROPERTIES, INC.Principal Place of Business  
800 N BELCHER RD  
CLEARWATER FL 33765  
Mailing Address  
800 N BELCHER RD  
CLEARWATER FL 337652. Principal Place of Business  
800 NORTH BELCHER ROAD  
3. Mailing Address  
800 NORTH BELCHER ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CLEARWATER FL  
City & State  
CLEARWATER FLZip Country  
33765 US  
Zip Country  
33765 US4. FEI Number  
59-3678856  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TINGIRIDES STAVROS  
2469 ENTERPRISE RD, STE B

CLEARWATER FL 33763 US

## 7. Name and Address of New Registered Agent

Name  
TINGIRIDES STAVROSStreet Address (P.O. Box Number is Not Acceptable)  
804 NORTH BELCHER ROAD

SUITE 100

City  
CLEARWATER FL Zip Code  
33765

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 **STAVROS TINGIRIDES**

04/26/2001

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, 2001 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

TITLE D ☐ Delete  
NAME SCHIRMER JOHN  
STREET ADDRESS 800 N BELCHER RD  
CITY-ST-ZIP CLEARWATER FL 33765TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME SCHIRMER JOHN D  
STREET ADDRESS 800 NORTH BELCHER ROAD  
CITY-ST-ZIP CLEARWATER FL 33765TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **JOHN D SCHIRMER**

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)