

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90091 009 ***150.00

DOCUMENT # P01000024726

1. Entity Name
SHOWWORKS, INC.

Principal Place of Business

9620 FREDERICKSBURG RD
TAMPA FL 33635

Mailing Address

9620 FREDERICKSBURG RD
TAMPA FL 33635

2. Principal Place of Business

375 Roberts Road
Suite C

3. Mailing Address

375 Roberts Rd.
Suite C

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

59-3707267

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANCUSO, JOSEPH J
1932 HOWELL BRANCH RD
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name: Stefanie Berry
Street Address (P.O. Box Number is Not Acceptable): 9620 Fredericksburg Rd.
City: Tampa FL Zip Code: 33635

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: Stefanie Berry, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

2/6/02
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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, STEFANIE	
STREET ADDRESS	9620 FREDERICKSBURG RD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMITAGE, KIMBERLY	
STREET ADDRESS	190 112TH AVE N #728	
CITY-ST-ZIP	TAMPA FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stefanie Berry	
STREET ADDRESS	9620 Fredericksburg Rd.	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stefanie Berry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02
DATE

813-855-9616
Daytime Phone #

CR2E034 (9/01)