2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000116918

Name:

Address:

City-St-Zip:

BERGHORN, JAMES H

SEFFNER, FL 33584

1305 OAK VALLEY DRIVE

Entity Name: SHOW SECRETARIES, INC.

FILED Apr 10, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	VALLEY DRIVE , FL 33584	<u> </u>			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	VALLEY DRIVE , FL 33584	≣			
FEI Number	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SEFFNER The above	VÁLLEY DRIVE , FL 33584 named entity s		purpose of changing its registered	office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
		Trust Fund Contribution ().			
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () BERGHORN, GA 1305 OAK VALL SEFFNER, FL 3	EY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () BERGHORN, CA 1202 TAYLOR R BRANDON, FL	OAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	STD ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GAIL BERGHORN PD 04/10/2003