

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90960 045 ***150.00

DOCUMENT # P93000069079

1. Entity Name
SHOWCASE INTERIORS, INC.

Principal Place of Business
1264 MARKET CIRCLE
3
PORT CHARLOTTE FL 33953

Mailing Address
1264 MARKET CIRCLE
3
PORT CHARLOTTE FL 33953

80057106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1264 Market Circle

3. Mailing Address
1264 Market Circle

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
3

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip
33953

Country
Charlotte

Zip
33953

Country
Charlotte

4. FEI Number
65-0442203

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILEMAN, GARY T
1625 W MARION AVENUE, STE 2
PUNTA GORDA FL 33950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
SCHOTT, DWANE C
STREET ADDRESS
1264 MARKET CIRCLE #3
CITY-ST-ZIP
PORT CHARLOTTE FL 33953

TITLE
President
NAME
Dwane C. Schott
STREET ADDRESS
26445 Deep Creek Blvd.
CITY-ST-ZIP
Punta Gorda, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Dwane C. Schott

Date

2/12/02 941-743-3129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)