

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90098 025 ***150.00

DOCUMENT # P93000086792
1. Entity Name Showplace, Inc.

DO NOT WRITE IN THIS SPACE

50033825

2. Principal Place of Business 750 Florida Central Parkway, Suite 100 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Longwood, FL	City & State
Zip 32750	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3222611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Guy P. Shipley
Street Address (P.O. Box Number is Not Acceptable) 750 Florida Central Parkway
City Longwood
FL
Zip Code 32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE President	NAME Guy P. Shipley	TITLE	
STREET ADDRESS 215 River Village Drive	CITY-ST-ZIP Debary, FL 32713	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

407-831-4333

Daytime Phone #