

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015524

1. Entity Name

SHADOWBOX COLLECTIBLES, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90106 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1578 NW 165 STREET  
MIAMI FL 33169

1578 NW 165 STREET  
MIAMI FL 33169-5646

2. Principal Place of Business

3. Mailing Address

249 LAVILLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI SPRINGS FL.

4. FEI Number

65-0474833

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

DADE

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

MEYERS, WILLIAM G  
1578 NW 165 STREET  
MIAMI FL 33169

Name

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

249 LAVILLA DRIVE

City

MIAMI SPRINGS

FL

Zip Code  
33166

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, 2000 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MEYERS, WILLIAM G  
1578 NW 165 STREET  
MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
249 LAVILLA DRIVE  
MIAMI SPRINGS FL. 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: W. GORDON MEYERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00  
Date

(305) 885-2830  
Daytime Phone #

CR2E034 (9/99)