

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90161 017 ***150.00

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DOCUMENT # P96000034658

1. Entity Name
PROPERTY SHOWCASE, INC.

Principal Place of Business 760 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763	Mailing Address 760 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3380223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLOPEIN, JEAN
760 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P BARRY, CHARLES M 674 BLACK IRONWOD DR. DELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY, VIRGINIA L 674 BLACCK IRONWOOD DR. DELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WANAMAKER, JOHN 102 JAMES POND COURT DEBARY, FL. 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILTON, GLENN T. 542 N. FLORIDA AVE. DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAGE, DEBORAH 6012 SAWGRASS POINT DR. PORT ORANGE, FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINSLOW, CAROL 48 SPRING GLEN DRIVE DEBARY, FL. 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLATER, JOHN J. 829 E. 23 RD AVE. NEW SMYRA BCH., FL. 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Signature of Barry*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 (386) 736-9200 X 218
 Date Daytime Phone #

CR2E034 (9/01)