

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043863

1. Entity Name

SHOW CAR INTERIORS, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90137 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1724 DREW ST  
CLEARWATER FL 34616

1724 DREW ST  
CLEARWATER FL 33755-6214

00040000

2. Principal Place of Business

1945 SUNSET PT. RD

3. Mailing Address

1945 SUNSET PT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEAR WATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3453552

Applied For

Not Applicable

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS

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

CULBERTSON, THEODORE R  
1172 BROWNELL ST  
CLEARWATER FL 34615

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, 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 **P** ☐ Delete  
NAME **PRESNELL, MARTIN**  
STREET ADDRESS **1724 DREW ST**  
CITY-ST-ZIP **CLEARWATER FL 34615**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: *Martin Presnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/00* *(727) 461-6112*  
Date Daytime Phone #

CR2E034 (9/99)