

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026400

1. Entity Name
SHOW & ASSOCIATES, INC.

Principal Place of Business
3319 BERRIDGE LANE
ORLANDO FL 32812

Mailing Address
3319 BERRIDGE LANE
ORLANDO FL 32812

2. Principal Place of Business
550 E. Garfield Ave.
Suite, Apt. #, etc.
#201
City & State
Cocoa Beach, FL
Zip
32931- Country
USA

3. Mailing Address
550 E. Garfield Ave.
Suite, Apt. #, etc.
#201
City & State
Cocoa Beach, FL
Zip
32931- Country
USA

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90009 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502014
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHOW, JAMES T
3319 BERRIDGE LANE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name
Show, James T
Street Address (P.O. Box Number is Not Acceptable)
550 E. Garfield Ave.
#201
City
Cocoa Beach FL Zip Code
32931

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 James T. Show, President DATE 1/4/02
(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
1x 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	PD	<input type="checkbox"/> Delete
NAME	SHOW, JAMES T	
STREET ADDRESS	3319 BERRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHOW, SUSAN B	
STREET ADDRESS	3319 BERRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	550 E. Garfield Ave, #201	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	550 E. Garfield Ave, #201	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 James T. Show DATE 1/4/02 DAYTIME PHONE # 407 925-4907
(Signature and typed or printed name of signing officer or director)

0117749 AV

CR2E034 (9/01)