

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90180 028 \*\*\*150.00

0414316 AV

**DOCUMENT # P98000101822**

**1. Entity Name**  
**SHOWCASE GROUP, INC.**



**Principal Place of Business**  
**4699 N FED HWY**  
**106 K**  
**POMPANO BEACH FL 33062**

**Mailing Address**  
**P.O. BOX 147**  
**DEERFIELD BEACH FL 33443**



**2. Principal Place of Business**  
**505 NE 3RD ST,**

**3. Mailing Address**  
**PO Box 147**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**DELRAY BEACH, FL**

**City & State**  
**DEERFIELD BEACH, FL**

**4. FEI Number** **65-088 1902**

**Applied For**  
**Not Applicable**

**Zip** **33483** **Country** **PALM BEACH**

**Zip** **33483** **Country** **USA**

**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**

**ZABIK, GLENN**  
**310 SE 2ND AVE, A4**  
**DEERFIELD BEACH FL 33441**

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

**SIGNATURE** *Dolores Loesch*

*5-1-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☐ Delete  
**NAME** **LOESCH, DOLORES**  
**STREET ADDRESS** **505 NORTHEAST 3RD STREET**  
**CITY-ST-ZIP** **DELRAY BEACH 33493**

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

**TITLE** **VP** ☐ Delete  
**NAME** **ZABIK, GLENN**  
**STREET ADDRESS** **310 SE 2ND AVE, A4**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33441**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Dolores Loesch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-03*

Date Daytime Phone #

CR2E034 (10/02)