

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91517 043 \*\*\*150.00

**DOCUMENT # P99000004488**

1. Entity Name

SHOWCASES TO GO, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1255 BELLE AVE.

Suite, Apt. #, etc.

#103

City & State

WINTER SPRINGS, FL

Zip

32708

Country

USA

3. Mailing Address

1255 BELLE AVE.

Suite, Apt. #, etc.

#103

City & State

WINTER SPRINGS, FL

Zip

32708

Country

USA

4. FEI Number

59-3552606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

GALE FIELD

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

3293 S. ST. LUCIE DR.

City

CASSELBERRY

FL

Zip Code

32707

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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-STATE-ZIP

P

GALE FIELD  
3293 S. ST. LUCIE DR.  
CASSELBERRY, FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

V

DONNA FIELD  
3293 S. ST. LUCIE DR.  
CASSELBERRY, FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gale Field GALE FIELD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02  
Date

407-696-8022  
Daytime Phone #

CR2E034B (12/01)