

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**  
 05-04-2000 90177 027 \*\*\*150.00

**DOCUMENT #** P99000019693  
**1. Entity Name**  
 Show Quest Studios Inc

**Principal Place of Business** 719 Peachtree Rd  
 Orlando FL 32804  
**Mailing Address** 719 Peachtree Rd  
 Orlando FL 32804

**2. Principal Place of Business** 719 Peachtree Rd  
 Suite, Apt. #, etc.  
**3. Mailing Address** 719 Peachtree Rd  
 Suite, Apt. #, etc.

**City & State** Orlando FL  
**Zip** 32804  
**Country** USA  
**City & State** Orlando FL  
**Zip** 32804  
**Country** USA

**4. FEI Number** 59-356-3509  
**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Hugh Darley E  
 719 Peachtree Rd  
 Orlando FL 32804

**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** \_\_\_\_\_  
 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!!! FEES \$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		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	719 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	719 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Overboom, Tom M	
CITY-ST-ZIP	719 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	719 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	719 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Overboom, Tom M	
CITY-ST-ZIP	719 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Hugh Darley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 407-206-2244  
 Daytime Phone #