

45070362

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90003 037 ***558.75

0063906

DOCUMENT # P99000019693

1. Entity Name

SHOWQUEST STUDIOS, INC. ✓

0598

Principal Place of Business

719 PEACHTREE ROAD
ORLANDO FL 32804

Mailing Address

719 PEACHTREE ROAD
ORLANDO FL 32804

C0072314

2. Principal Place of Business

PO Box 1359

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1359

Suite, Apt. #, etc.

City & State

SORRENTO FL

City & State

SORRENTO FL

Zip

32776

Country

USA

Zip

32776

Country

USA

4. FEI Number

59-3563509

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCMULLEN, JACK K
301 E. PINE STREET
STE. 1400
ORLANDO FL 32801

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!!! FEE IS \$150.00****After MAY 1, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	DUCCLOS, WILLIAM J	
STREET ADDRESS	719 PEACHTREE ROAD	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGER, HOUBEN P	
STREET ADDRESS	719 PEACHTREE RD	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DARLEY, HUGH	
STREET ADDRESS	719 PEACHTREE RD	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	OVERBOOM, TOM M	
STREET ADDRESS	719 PEACHTREE RD	
CITY-ST-ZIP	ORLANDO FL 32804	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, T, S, D	<input checked="" type="checkbox"/> Addition
NAME	ROGER P. HOUBEN	
STREET ADDRESS	PO BOX 1359	
CITY-ST-ZIP	SORRENTO FL 32776	

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		

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:


 ROGER HOUBEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 11, 2001

Date

Daytime Phone #

CR2E034 (10/00)