

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90463 033 ***150.00

DOCUMENT # P99000059333

1. Entity Name
SHOW PALACE HOLDINGS, INC.



Principal Place of Business
16128 US HWY 19
HUDSON FL 34667

Mailing Address
16128 US HWY 19
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ **CHECK HERE IF MAKING CHANGES**

City & State

City & State

4. FEI Number **59-3584465**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SESSA, NICHOLAS
16128 US HWY 19
HUDSON FL 34667

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

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**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SESSA, NICHOLAS	
STREET ADDRESS	7345 DOGWOOD CRESCENT	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SESSA, SALVATORE	
STREET ADDRESS	10495 CASA GRANDE CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	1V	<input type="checkbox"/> Delete
NAME	GRESACK, MARC	
STREET ADDRESS	8 APPLE MANOR LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	2V	<input type="checkbox"/> Delete
NAME	GRESACK, DANIEL	
STREET ADDRESS	8 APPLE MANOR LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *NICHOLAS SESSA* **NICHOLAS SESSA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (10/02)