2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # S21161** 1. Entity Name SHOWTOWN MANUFACTURING, INC. 04-04-2001 90069 025 ***150.00 Mailing Address Principal Place of Business PO BOX 1929 7029 NUNDY AVENUE GIBSONTON FL 33534 GIBSONTON FL 33534 UNUSTOWN 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0234677 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) % WALKER & ASSOC. CPA, P.A. 211 S. DALE MABRY HIGHWAY **TAMPA FL 33609** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10._Election Campaign.Financing. \$5.00-May-Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ■ Addition Change DT ☐ Delete TITLE TITLE NAME MYERS, GLORIA I NAME STREET ADDRESS STREET ADDRESS 7029 NUNDY AVENUE CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 Change ☐ Addition □ Delete TITLE TITLE MYERS, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 7029 NUNDY AVENUE CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 Addition Change ☐.Delete ___ TITLE TITLE NAME STARKEY, DAVID E NAME STREET ADDRESS STREET ADDRESS 7029 NUNDY AVENUE CITY-ST-ZIP CITY-ST-7IP **GIBSONTON FL 33534** ☐ Addition ☐ Change Delete TITLE DS TITLE STARKEY, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS 7029 NUNDY AVENUE CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR