

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88416

1. Entity Name
SHOWROOM TRAFFIC MASTER, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90112 034 ***550.00

Principal Place of Business

5400 LILLIAN HWY
PENSACOLA FL 32506

Mailing Address

PO BOX 3190
PENSACOLA FL 32516-3190

2. Principal Place of Business

2500 12th Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9670

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

58-1968678

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32513

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISLER, CHARLES S., III
434 MAGNOLIA AVE.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Zarr, Robert Jr.

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

2500 12th Ave.

City

Pensacola

FL

Zip Code

32503

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME ZARR, ROBERT JR.
STREET ADDRESS 1502 BRADLEY AVE
CITY-ST-ZIP BAY MINNETT AL 36507 ☐ Delete

TITLE V
NAME MCMICHAEL, GEORGE
STREET ADDRESS 4331 HEART PINE CIR
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

(850) 457-0610

Daytime Phone #

CR2E034 (5/00)