

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K82259**

1. Entity Name
EXHIBIT SERVICES, INC.



Principal Place of Business
**6911 PARKE EAST BLVD.
500
TAMPA FL 33610
US**

Mailing Address
**6911 PARKE EAST BLVD.
500
TAMPA FL 33610
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CONN, DAVID P.
17716 LONG RIDGE RD
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name
Conn, David P
Street Address (P.O. Box Number is Not Acceptable)
9302 Heritage Oak Ct.

City
Tampa FL 33647

FL

Zip Code
33647

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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CONN, JOSEPH R.
3305 S. OMAR AVENUE
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONN, ROY A.
8710 LINDA CT.
TAMPA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONN, ELAINE
6060 RIVER TRACE
TAMPA FL 33617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONN ROBIN L.
6020 RIVER TRACE
TAMPA FL 33617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. 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
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/3

813/623-1163

**FILED
Mar 21, 2003 8:00 am
Secretary of State**

03-21-2003 90072 021 ***150.00



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2945495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/02)