

9/16/2002-90145-002-\$550.00-\$550.00

* 9/16/2002-90145-001-\$8.75-\$8.75

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 OCT -3 PM 12:01

98420

DOCUMENT # P010000961401. Entity Name
GRAPHIC DISPLAY, INC.Principal Place of Business
**1430 CLEVELAND ST
CLEARWATER FL 33755-5200**Mailing Address
**1430 CLEVELAND ST
CLEARWATER FL 33755-5200**2. Principal Place of Business
530-3 Commerce Dr S3. Mailing Address
1430 Cleveland StSuite, Apt. #, etc.
Unit 3

Suite, Apt. #, etc.

City & State
Largo, FLCity & State
ClearwaterZip Country
33755 PinellasZip Country
33755 Pinellas4. FEI Number
59-3746627Applied For
☐ Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEWAK, JOE M
1430 CLEVELAND ST
CLEARWATER FL 33755-5200**

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. 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

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	President Joe M. Spiewak 1430 Cleveland St. Clearwater, FL 33755	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-02 727-586-1700

CR2E034 (4/02)