2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 417506** Jan 22, 2000 8:00 am **Secretary of State** DISPLAY CONCEPTS, INC. 01-22-2000 90080 004 ***150.00 Principal Place of Business Mailing Address RR #1 BOX 118 RR #1 ROX 118 TRENTON ME 04605-9801 TRENTON ME 04605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1465393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANBORN, PHILLIP D Street Address (P.O. Box Number is Not Acceptable) 1020 SEBASTIAN RD. BAREFOOT BAY FL 32976 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ~ (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change TITLE NAME SHELTON, K. DAVID NAME STREET ADDRESS STREET ADDRESS RIVERFIELD FARM, RFD #1 CITY-ST-ZIP CITY-ST-ZIP TRENTON ME Addition ☐ Change TITLE ☐ Delete TITLE NAME SHELTON, STEVEN D. NAME STREET ADDRESS RR #1, BOX 118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRENTON ME Delete ☐ Addition TITLE . TITLE MINUTOLO, AUDREY NAME STREET ADDRESS **RRT 1 BOX 118** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRENTON ME Delete ☐ Addition TITLE Change TITLE RICHARDSON, ANNE N NAME NAME STREET ADDRESS 145 LEDGELAWN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P **BAR HARBOR ME** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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