

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90189 041 ***150.00

DOCUMENT # 533481

1. Entity Name

SPAULDING DISPLAYS, INC.

Principal Place of Business

10273 SW 116TH STREET
MIAMI FL 33176

Mailing Address

10273 SW 116TH STREET
MIAMI FL 33176

2. Principal Place of Business

10850 S W 113 PLACE

3. Mailing Address

10850 S W 113 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 59-1740545

Applied For
Not Applicable

Zip 33176-3283

Country USA

Zip 33176-3283

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPAULDING, SUSAN
10273 SW 116 STREET
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)
10850 S W 113 PLACE

City MIAMI

FL

Zip Code 33176-3283

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 SUSAN SPAULDING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SPAULDING, B. H.
STREET ADDRESS 15 N.E. 11TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME 10273 SW 116 STREET
STREET ADDRESS MIAMI, FL 33176
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPAULDING, SUSAN
STREET ADDRESS 10273 SW 116 ST.
CITY-ST-ZIP MIAMI FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: X B. H. Spaulding Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)