

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90135 006 ***150.00

DOCUMENT # F01000001100

1. Entity Name
EXHIBITS AND MORE INC.



Principal Place of Business
**6657 31ST WAY SOUTH
ST PETERSBURG FL 33712**

Mailing Address
**6657 31ST WAY SOUTH
ST PETERSBURG FL 33712**



2. Principal Place of Business

3. Mailing Address

7300 Skyway Lane

7300 Skyway Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

St. Petersburg FL

St. Petersburg FL

Zip

Country

Zip

Country

33711

33711

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1236415**

Applied For
Not Applicable

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

**SHULMAN, DONALD
6657 31ST WAY SOUTH
ST PETERSBURG FL 33712**

Name

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

**7300 Skyway Lane Suite 101
City St. Petersburg FL Zip Code 33711**

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

Steve Goldman

4/23/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
NAME **DAVIDSON, BOB**
STREET ADDRESS **7843 GOGUEN DRIVE**
CITY-ST-ZIP **LIVERPOOL NY**

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

TITLE **VD** ☐ Delete
NAME **CARNOVALE, FRANK**
STREET ADDRESS **7843 GOGUEN DRIVE**
CITY-ST-ZIP **LIVERPOOL NY**

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

TITLE **STD** ☐ Delete
NAME **VANDEYACHT, JEFF**
STREET ADDRESS **7843 GOGUEN DRIVE**
CITY-ST-ZIP **LIVERPOOL NY**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

4/23/03

315-652-0383

CR2E034 (10/02)