

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001201

1. Entity Name

SOURCE-CHESTNUT DISPLAY SYSTEMS, INC.

Principal Place of Business

11644 LILBURN PARK RD.  
ST. LOUIS MO 63146

Mailing Address

11644 LILBURN PARK RD.  
ST. LOUIS MO 63146

2. Principal Place of Business

3163 Westside Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

Two City Place Drive  
Ste 380  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

St. Louis, MO

Zip

32209

Country

USA

Zip

63141

Country

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE  
**REINSTATEMENT**

4. PEN Number

43-1836446

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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.

SIGNATURE

*Vicky Goldstein*

VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY

10/27/00

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, 2000 Min. 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	CP	<input type="checkbox"/> Delete
NAME	FLEGEL, S. LESLIE	
STREET ADDRESS	11644 LILBURN PARK RD.	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODGERS, W. BRIAN	
STREET ADDRESS	11644 LILBURN PARK RD.	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Two City Place Dr., Ste 380	
CITY-ST-ZIP	St. Louis, MO 63141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Two City Place Dr., Ste 380	
CITY-ST-ZIP	St. Louis, MO 63141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003472526--1	
CITY-ST-ZIP	-11/21/00--01052--002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	****750.00 ****750.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*W. Brian Rodgers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/00  
Date

314-995-9040  
Daytime Phone #

CR2E034 (5/00)