

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000009902

1. Entity Name

OMNI DISPLAYS, LLC

**FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90015 049 \*\*\*\*50.00

0015135

Principal Place of Business Mailing Address  
20 PEACHTREE COURT 20 PEACHTREE COURT  
#202 #202  
HOLBROOK NY 11741 HOLBROOK NY 11741

2. Principal Place of Business 3. Mailing Address  
15261 TELCON DR. 15261 TELCON DR.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Spring Hill FL Spring Hill FL  
Zip 34604 Country Zip 34604 Country

4. FEI Number 52 2326060 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STANTON, ROGER C  
4420 BEACON CIRCLE  
WEST PALM BEACH FL 33401

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

0. SIGNATURE REQUIRED

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	HAGLAND, SCOTT	20 PEACHTREE COURT	HOLBROOK NY 11741	<input type="checkbox"/>
MGR	6149 JARGUE	15261 TELCON DR.	Spring Hill FL 34604	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)