

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90025 003 \*\*\*\*50.00

DOCUMENT # L02000034580

1. Entity Name

INFORMATION AND DISPLAY SYSTEMS, LLC



**DO NOT WRITE IN THIS SPACE**

30037547

2. Principal Place of Business

10275 CENTURION COURT

Suite, Apt. #, etc.

3. Mailing Address

10275 CENTURION COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

56-2308002

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RALLIS L. PAPPAS

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

93 OCEAN SIDE DRIVE

City

ATLANTIC BEACH

FL

Zip Code

32233

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

*Rallis L. Pappas*

RALLIS L. PAPPAS  
MANAGING MEMBER

FEBRUARY 19, 2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
RALLIS L. PAPPAS  
93 OCEAN SIDE DRIVE  
ATLANTIC BEACH, FL. 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
JAMES W. INGRAMS  
934 PONTE VEDRA BOULEVARD  
PONTE VEDRA BEACH, FL. 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
ZDRAVKO MINCEV  
14 PONTE VEDRA CIRCLE  
PONTE VEDRA BEACH, FL. 32082

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Rallis L. Pappas*

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

FEBRUARY 19, 2003 (904) 445-8697

Date

Daytime Phone #

CR2E083B (12/02)