


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048938																																																																																																															
1. Entity Name TODAY'S DISPLAYS & SIGNS, INC.																																																																																																															
<i>Change: Today's Signs</i>																																																																																																															
Principal Place of Business 5191 NW 15TH ST MARGATE, FL 33063		Mailing Address 5191 NW 15TH ST MARGATE, FL 33063																																																																																																													
2. Principal Place of Business 1440 N. Powerline Rd.		3. Mailing Address 1440 N Powerline Rd																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																													
City & State Pompano Bch FLA		City & State Pompano Bch FLA																																																																																																													
Zip 33069		Zip 33069																																																																																																													
Country USA		Country USA																																																																																																													
4. FEI Number		Applied For Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent WEISS, SUZANNE 1616 UNIVERSITY DR SUITE 203A CORAL SPRINGS, FL 33071		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																																																																																																															
FILE NOW! FEE IS \$100.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																													
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEISS, KEVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6881 KELSEY LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33621</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEISS, STEVEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9605 NW 66 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	WEISS, KEVIN		STREET ADDRESS	6881 KELSEY LANE		CITY-ST-ZIP	TAMARAC, FL 33621		TITLE	VD	<input type="checkbox"/> Delete	NAME	WEISS, STEVEN		STREET ADDRESS	9605 NW 66 ST		CITY-ST-ZIP	TAMARAC, FL 33321		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			<table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Steven Weiss</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9605 NW 66th St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tamarac FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Steven Weiss		STREET ADDRESS	9605 NW 66th St		CITY-ST-ZIP	Tamarac FL 33321		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																													
NAME	WEISS, KEVIN																																																																																																														
STREET ADDRESS	6881 KELSEY LANE																																																																																																														
CITY-ST-ZIP	TAMARAC, FL 33621																																																																																																														
TITLE	VD	<input type="checkbox"/> Delete																																																																																																													
NAME	WEISS, STEVEN																																																																																																														
STREET ADDRESS	9605 NW 66 ST																																																																																																														
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																														
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																																																																																																															
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME	Steven Weiss																																																																																																														
STREET ADDRESS	9605 NW 66th St																																																																																																														
CITY-ST-ZIP	Tamarac FL 33321																																																																																																														
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
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 supplement(s) 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 I was 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: <i>Steven Weiss</i>		4-24-03 954-956-8398																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																																																																																													

CFR2034 (10/02)

5/27