2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084647

1. Entity Name

Principal Place of Business

LONGBOAT KEY FL 34228

2039 GULF OF MEXICO DRIVE #109

GENERIC DISPLAYS & GRAPHICS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90331 012 ***150.00

10023589

Mailing Address
2039 GULF OF MEXICO DRIVE #109

LONGBOAT KEY FL 34228

2. Principal F	Place of Business	3. Mailing Address	****			A TOUR BLOOM BLOOM	D!# #
<u>4251 N</u>	. WASHINGTON BU	4 4251 N. WASH	JJVGT(M BLYD.			
Suite, Apt.	#, etc. ギC2	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State City & State					4. FEI Number	A	pplied For
SARA		SARASOTA	<u>, Fl</u>		02-0636460	N-	ot Applicable
Zip 342		Zip Country 34234			5. Certificate of Status Desired	\$8.75 Ad Fee Require	
	6Name and Address of Current	Registered Agent			7Name and Address of New Registered	ـنــ. Agent	
				Vame			
FINANCIAL FOUNDATIONS, INC.				Street Address (P.O. Box Number is Not Acceptable)			
3150 SANDY RIDGE DR				Substitution (1.5. Dok Hamber 15 Not Acceptable)			
CLEARWA	TER FL 33761		1		•		
				City FL Zip Code			
8. The above	named entity submits this statement for	or the purpose of changing its r	registered o	office or registere	ed agent, or both, in the State of Florida. I an	n familiar with.	and accept
the obligat	ions of registered agent.		Ü		,		а
CIONATURE							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Ag	ent signature required	when reinstating) DATE		
· E	ILE NOW!!! FEE IS \$150.00						
	May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.0)0 May Be
	Payable to Florida Department of				Trust Fund Contribution.	Added	d to Fees
10.	OFFICERS AND		11.		ADDITIONS (CHANGES TO OFFICERS AN	ID DIDECTOR	O IN 44
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I hereby c	errity that the information supplied with	this filling does not qualify for the	he evernti	on stated in Soc	tion 110 07/3\/i) Elorida Statuton I further an	veifu eb ae eb a i-	

indicated on this report or supplied with this tiling 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 the stee 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 appears with all other like empowered.

SIGNATURE:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/03

Daytime Phone #

CR2E034 (10