

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90331 012 ***150.00

DOCUMENT # P02000084647

1. Entity Name
GENERIC DISPLAYS & GRAPHICS, INC.



Principal Place of Business
**2039 GULF OF MEXICO DRIVE #109
LONGBOAT KEY FL 34228**

Mailing Address
**2039 GULF OF MEXICO DRIVE #109
LONGBOAT KEY FL 34228**

10023589



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4251 N. WASHINGTON BLVD

Suite, Apt. #, etc.
#C2

3. Mailing Address
4251 N. WASHINGTON BLVD

Suite, Apt. #, etc.
#C2

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
02-0636460

Applied For
Not Applicable

Zip
34234

Zip
34234

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **THOMAS, NORMAN H**
STREET ADDRESS **2039 GULF OF MEXICO DRIVE #109**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **S. Thomas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/03
Date

Daytime Phone #

CR2E034 (10/02)