

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35035

1. Entity Name

SEOS DISPLAYS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90107 041 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 11526  
DAYTONA BEACH FL 32120

P.O. BOX 11526  
DAYTONA BEACH FL 32120-1526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

528 SOUTH NORTH LAKE BOULEVARD

3. Mailing Address

528 SOUTH NORTH LAKE BOULEVARD

Suite, Apt. #, etc.

SUITE 1016

Suite, Apt. #, etc.

SUITE 1016

City & State

ALTAMONTE SPRINGS FLORIDA

City & State

ALTAMONTE SPRINGS

4. FEI Number

59-3070787

Applied For

Not Applicable

Zip

32701

Country

USA

Zip

32701

Country

USA

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

AKERS, WILLIAM III  
120 EAST GRANADA BOULEVARD  
ORMOND BEACH FL 32175

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WYNN, OWEN J. MARCHANTS WAY, BURGESS HILL WEST SUSSEX ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS ELMER, STEPHEN J. MARCHANTS WAY, BURGESS HILL WEST SUSSEX ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, JOHN 41 FOREST VIEW WAY ORMOND BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD WAY, BURGESS HILL WEST SUSSEX ENGLAND RH15 9UE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD WAY, BURGESS HILL WEST SUSSEX ENGLAND RH15 9UE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

144-2000 407-262-0013

CR2E034 (9/99)