

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000063521

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: DISPLAY & EXHIBIT CONCEPTS, INC.

**Current Principal Place of Business:**

904 N ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

904 N ORANGE AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-3457646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUNT, CHERYL L  
420 E HILLCREST ST  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

POWERS, CHERYL L  
420 E HILLCREST ST  
ORLANDO, FL 32803 US

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: CHERYL L. POWERS

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CHERYL L HUNT,  
Address: 420 E HILLCREST ST  
City-St-Zip: ORLANDO, FL 32803

Title: DVP ( ) Delete  
Name: DEBRA M LIPPENS,  
Address: 420 E HILLCREST ST  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CHERYL L POWERS,  
Address: 420 E HILLCREST ST  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. POWERS

DP

04/29/2003

Electronic Signature of Signing Officer or Director

Date