2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032906

1. Entity Name

TREND DISPLAY, INC.

FILED Jan 22, 2000 8:00 am Secretary of State

					01-22-2	2000 90019 020	***150.00		
Principal Place of Business Mailing Address									
511 CENTURY DR. MARCO ISLAND FL 34145		511 CENTURY DR. MARCO ISLAND FL 34145-2405							
) (BB)(BB) ((B (B)B)	 1 1 1 1 1 1 1 1 1 1	11 mai 1908 19	. () 188)	
2. Principal P	lace of Business	3. Mailing Address				1 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Ε	O NOT WRITE IN TH	HIS SPACE '			
City & State		City & State			4. FEI Number 59-3517395 Applied For Not Applie				
Zip	Country	Zip	Country		5. Certificate of Stat	us Desired 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		1	7. Name and Addre	ss of New Register	ed Agent	 _	
TUCKER, E. GLENN 1235 MISTLETOE CT. MARCO ISLAND FL 34145				E. GLENN TUCKER Street Address (P.O. Box Number is Not Acceptable) SunTrust Centre, Suite 204 950 N. Collier Blvd. City Marco Island FL Zip Code 34145					
8. The above	named entity submits this statement to	or the purpose of changing its re	egistered offic	or registere	ed agent, or both, in th	e State of Florida.	100		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent si	gnature required	when reinstating)	DA			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable			0 Fee will be	\$550.00	Trust Fund	Campaign Financing d Contribution.		0 May Be	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHAN	GES TO OFFICERS.		S'IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEBERGER, BERND 1235 MISTLETOE CT MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SIE SIE Mai	BERGER Century rco Islan	BERND Drive d FL 341	⊠ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIEBERGER, WILLI 1235 MISTLETOE CT MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	S/E 225	BERGER Waterside	Willi Circle 7	#201	a diarat.	
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13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify for t s true and accurate and that my	he exemption y signature sha	stated in Sec all have the s	ction 119.07(3)(i), Flori ame legal effect as if	da Statutes. I furthe nade under oath; th	r certify that the i	nformation or director	

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 truting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Phone #