

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032906

1. Entity Name  
**TREND DISPLAY, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90011 044 \*\*\*150.00

Principal Place of Business <b>511 CENTURY DR. MARCO ISLAND FL 34145</b>	Mailing Address <b>511 CENTURY DR. MARCO ISLAND FL 34145</b>
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2. Principal Place of Business <b>467 BALSAM CT</b>	3. Mailing Address <b>467 BALSAM CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Marco Island FL</b>	City & State <b>MARCO ISLAND FL</b>
Zip <b>34145</b>	Zip <b>34145</b>
Country <b>Collier County</b>	Country <b>Collier County</b>

4. FEI Number <b>59-3517395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>TUCKER, E. GLENN 1235 MISTLETOE CT. MARCO ISLAND FL 34145</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIEBERGER, BERND</b> <b>511 CENTURY DR.</b> <b>MARCO ISLAND FL 34145</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIEBERGER, BERND</b> <b>467 BALSAM CT.</b> <b>MARCO ISLAND FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SIEBERGER, WILLI</b> <b>225 WATERSIDE CIR., #201</b> <b>MARCO ISLAND FL 34145</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIEBERGER, WILLI</b> <b>467 BALSAM CT.</b> <b>MARCO ISLAND FL 34145</b>
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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]* **4/18/2001 3940001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)