

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042017

1. Entity Name

NATIONAL DISPLAY & FIXTURES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90085 002 ***150.00

Principal Place of Business

4602 N CLARK ST
TAMPA FL 33614

Mailing Address

4602 N CLARK ST
TAMPA FL 33607-1702

2. Principal Place of Business

5126 West Cypress St.

Suite, Apt. #, etc.

3. Mailing Address

5126 West Cypress St.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FL.

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3517448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Michael I Meadows

Street Address (P.O. Box Number is Not Acceptable)

8333 Fountain Ave.

City

TAMPA

FL

Zip Code

33615

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

Michael I Meadows

(NOTE: Registered Agent signature required when reinstating)

1/28/00

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

TITLE ☐ Delete

NAME MEADOWS, MICHAEL I
STREET ADDRESS 8333 FOUNTAIN AVENUE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☒ Delete

NAME PARSONS, PAUL D
STREET ADDRESS 2629 PROSPECT ROAD
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Delete

NAME BABBITT, GORDON
STREET ADDRESS 3106 CENTRAL DRIVE
CITY-ST-ZIP PLANT CITY FL 33569

TITLE ☐ Delete

NAME MICHAEL L. DARWIN
STREET ADDRESS 130 EAST TIDEWINDS RD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael I Meadows

Date

1/28/00

813-289-9389

Daytime Phone #