

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097938

1. Entity Name
ADVANCED DISPLAY COMPANY

Principal Place of Business
150A N. DUNBAR AVE
OLDSMAR FL 34677

Mailing Address
150A N. DUNBAR AVE
OLDSMAR FL 34677

2. Principal Place of Business
150A Dunbar Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Oldsmar

City & State
FL

Zip
34677

Country
USA

Zip

Country

4. FEI Number 59-3554714

Applied For
Not Applicable

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

DUNN, CHRISTOPHER S
2690 CORAL LANDINGS BLVD., #132
PALM HARBOR FL 34684

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, 2001 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 P
NAME DUNN, CHRISTOPHER
STREET ADDRESS 2690 CORAL LANDING BLVD.
CITY-ST-ZIP PALM HARBOR FL 34624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MCINTYRE, ROBERT
STREET ADDRESS 111 TIMBER CR.
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME DUNN, CHRISTOPHER
STREET ADDRESS 2690 CORAL LANDING BLVD.
CITY-ST-ZIP PALM HARBOR FL 34624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

813-874-4077

Daytime Phone #

CR2E034 (10/00)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91248 012 ***158.75

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DO NOT WRITE IN THIS SPACE