

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90054 049 \*\*\*150.00

**DOCUMENT # P99000092055**

1. Entity Name  
**NATIONAL MOTION DISPLAY CORPORATION**

Principal Place of Business      Mailing Address  
**10865 CLARA LANE**      **10865 CLARA LANE**  
**ST. PETERSBURG FL 33708**      **ST. PETERSBURG FL 33708**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3604236</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent                                     |  |  |  | 7. Name and Address of New Registered Agent  |  |  |  |
| <b>CHERRY, CLIFTON</b><br><b>10865 CLARA LANE</b><br><b>ST. PETERSBURG FL 33708</b> |  |  |  | Name   |  |  |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |
|   |  |  |  | City   |  |  |  |
|   |  |  |  | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |  |

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. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHERRY, CLIFTON</b>                   | NAME  |   |
| STREET ADDRESS             | <b>10865 CLARA LANE</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33708</b>           | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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:** **4/10/01**  
 \_\_\_\_\_ **OWNERS 727 391 9242**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)