

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90088 027 ***150.00

0546558 AV

DOCUMENT # H79099

1. Entity Name

FLORIDA SIGN COMPANY, INC.



Principal Place of Business

**1101 29TH AVENUE WEST
BRADENTON FL 34205**

Mailing Address

**1101 29TH AVENUE WEST
BRADENTON FL 34205**

2. Principal Place of Business

above

3. Mailing Address

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2588673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OAK, CHARLES
1101 29TH AVE W.
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **Charles F. Ogle**

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

1101 29th Ave. W.

City **Bradenton**

FL

Zip Code **34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DRING, ROBERT A.**
STREET ADDRESS **1101 - 29TH AVE WEST**
CITY-ST-ZIP **BRADENTON FL**

TITLE **PD** ☐ Delete
NAME **OGLE, CHARLES F.**
STREET ADDRESS **1101 - 29TH AVE WEST**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 2, 2003 (941) 747-1000

Date

Daytime Phone #

CR2E034 (10/02)