


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90042 037 \*\*\*150.00

**DOCUMENT #** J00519

**1. Entity Name**  
ONE HOUR SIGNS, INC.



**Principal Place of Business**  
823 THOMASVILLE RD  
TALLAHASSEE FL 32303  
US

**Mailing Address**  
823 THOMASVILLE RD  
TALLAHASSEE FL 32303  
US

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-2661644

Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

THRONTON, SCOTT  
2905 WHITTINGTON DR  
TALLAHASSEE FL 32308

**7. Name and Address of New Registered Agent**

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

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**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**  **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST THORNTON, JENNIFER L 1660-4 N MONROE ST TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, SCOTT H 1660-4 N MONROE ST TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_ **3/29/03** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)