2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90081 021 ***150.00

DOCUMENT # L63174

1. Entity Name

SCOTT SIGN SYSTEMS, INC.

Principal Place of Business	Mailing Address
%DONALD O. FEATHERMAN PO BOX 1047 TALLEVAST FL 34270	%DONALD O. FEATHERMAN PO BOX 1047 TALLEVAST FL 34270-1047

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Scott SIGN SYSTEMS	Scott SIGN SYSTEMS
Suite, Apt. #, etc.: 7524 COMMERCE PL	Suite, Apt. #, etc.: PO BOX 1047
City & State: SARASOTA, FL	City & State: TALLEVAST, FL
Zip: 34243 Country: MANATEE	Zip: 34270-1047 Country: MANATEE

4. FEI Number 65-0200051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANNON, KATHY
2175 SHADOW OAKS RD
SARASOTA FL 34270

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.

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VENKATARAMON, RAVI 1763 TIMER TRAIL COOKEVILLE TN 38506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D (SAME) Title only chg	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HANNON, KATHY 2175 SHADOW OAKS RD SARASOTA FL 34270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P (SAME) Title only chg.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ABBOTT, STEWART 6661 WINDJAMMER PLACE BRADENTON FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLAK, DONALD 1209 BEDDINGTON PK NASHVILLE TN 32215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DILLING, ARTHUR 5006 MOUNTVIEW PLACE BRENTWOOD TN 37027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Stewart Abbott STEWART ABBOTT 1/20/2000 941-355-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #