

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-17-2003 90142 041 ***150.00

DOCUMENT # P0000094852

1. Entity Name
MOTT SIGN CORPORATION



Principal Place of Business
~~701 HELMS ST.~~
NICEVILLE FL 32580
479 OLD FLA STATE ROAD 10
VALPARAISO FLA 32580

Mailing Address
~~P.O. BOX 697~~
NICEVILLE FL 32580
P.O. BOX 215
VALPARAISO FLA 32580

2. Principal Place of Business
479 OLD FLA STATE ROAD 10

3. Mailing Address
P.O. BOX 215

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
VALPARAISO FLORIDA

4. FEI Number **59-3124534** Applied For Not Applicable


Zip **32580** Country **OKLAHOMA** Zip **32580** Country **OKLAHOMA**

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

6. Name and Address of Current Registered Agent
MOTT, JACKIE C
~~701 HELMS ST.~~
~~NICEVILLE FL 32580~~
P.O. BOX 215
VALPARAISO FLA 32580

7. Name and Address of New Registered Agent
Name **MOTT, JACKIE C.**
Street Address (P.O. Box Number is Not Acceptable)
479 Old Fla State Road 10
City **VALPARAISO** FL Zip Code **32580**

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  DATE **3-12-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MOTT, JACKIE C SR P O BOX 215 VALPARAISO FL 32580	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTT, JACKIE C SR. P O BOX 215 NICEVILLE FL 32580 VALPARAISO FLA 32580	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CK # 1283
150.00
3-12-03

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** DATE **3-12-03** DAYTIME PHONE # **850-678-4811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)