

2002 UNIFORM BUSINESS REPORT (UBR)

4/ FILED
May 01, 2002 8:00 am
Secretary of State

04-09-2002 90024 012 ***150.00

DOCUMENT # P01000017046

1. Entity Name
SIGN SMART, INC.

Principal Place of Business
7680 ENDERBY AVE. EAST
JACKSONVILLE FL 32244

Mailing Address
7696 ENDERBY AVE. EAST
JACKSONVILLE FL 32244

2. Principal Place of Business
3644 BLANDING BLVD
Suite, Apt. #, etc.

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
59-3700974

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DEMPSEY, JACK
7696 ENDERBY AVE. EAST
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
Name: ANDREW JACKSON DEMPSEY
Street Address (P.O. Box Number is Not Acceptable): 8370 CROSS TIMBERS DR. E.
City: JACKSONVILLE FL Zip Code: 32244

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: 03-29-02

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, 2002 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	PRESIDENT ANDREW DEMPSEY 8370 CROSSTIMBERS DR. E. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAMES DEMPSEY 313 TURTLE DOVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARY DEMPSEY 8370 CROSSTIMBERS DR. E. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANDREW DEMPSEY 03-29-02 (404) 777-9595

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

CR2E034 (9/01)