

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90154 021 ***150.00

062409 AT

DOCUMENT # F98000005057

1. Entity Name

ADVANTAGE SIGN SUPPLY, INC.

Principal Place of Business

P.O. BOX 888684

GRAND RAPIDS MI 49588-8684

Mailing Address

P.O. BOX 888684

GRAND RAPIDS MI 49588-8684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2917739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRADA, SCOTT C

5313 56TH COMMERCE PARK BLVD

TAMPA FL 33610

Name
Patrick Kirk

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

5313 56th Commerce Park Blvd

City
Tampa

FL

Zip Code
33610

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

3.18.02

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
**PT
NOVITSKY, JAMES R
760 CRAHEN NE
GRAND RAPIDS MI**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
HOLWERDA, PAUL A
2346 MISSION HILLS DR S.E.
GRAND RAPIDS MI**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/01)