

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90276 033 ***158.75

DOCUMENT # 266052

1. Entity Name
AERIAL SIGN CO., INC.



Principal Place of Business
**7501 PEMBROKE RD
HOLLYWOOD FL 33023**

Mailing Address
**7501 PEMBROKE RD
HOLLYWOOD FL 33023**

2. Principal Place of Business
1600 EAST AIRPORT ROAD

3. Mailing Address
1600 EAST AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number
59-0992888

Applied For
☒ Not Applicable

Zip
33023

Country
USA

Zip
33023

Country
USA

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

6. Name and Address of Current Registered Agent

**BUTLER, JAMES L
7501 PEMBROKE ROAD
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name
JAMES L. BUTLER
Street Address (P.O. Box Number is Not Acceptable)

1600 EAST AIRPORT ROAD
City **PEMBROKE PINES** **FL** Zip Code **33023**

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 **JAMES L. BUTLER**

4/25/03
DATE

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

TITLE **VP** ☒ Delete
NAME **BUTLER JAMES L**
STREET ADDRESS **7501 PEMBROKE ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **ST** ☒ Delete
NAME **BUTLER, JAMES L**
STREET ADDRESS **7501 PEMBROKE ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☒ Delete
NAME **BUTLER JAMES L**
STREET ADDRESS **7501 PEMBROKE ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **P** ☒ Delete
NAME **BUTLER, JAMES L**
STREET ADDRESS **7501 PEMBROKE ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☒ Addition
NAME **BUTLER, JAMES L.**
STREET ADDRESS **1600 EAST AIRPORT ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES L. BUTLER, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

954-989-2086
Daytime Phone #

CR2E034 (10/02)