

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649248

1. Entity Name

GEORGE MARKHAM AND SONS SIGNS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90077 022 ***550.00

Principal Place of Business

Mailing Address

1401 BARRANCAS AVENUE
 PENSACOLA FL 32501

1401 BARRANCAS AVENUE
 PENSACOLA FL 32501-4514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2076411**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKHAM, RANDALL G.
 1401 BARRANCAS AVENUE
 PENSACOLA FL 32501

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 **V** ☐ Delete
 NAME **MARKHAM, NATHAN T SR**
 STREET ADDRESS **2832 MANDEVILLE LANE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **V** ☐ Change ☒ Addition
 NAME **MATT MARKHAM**
 STREET ADDRESS **32745 DONOVAN CIRCLE**
 CITY-ST-ZIP **SEMINOLE, AL 36574**

TITLE **V** ☐ Delete
 NAME **MARKHAM, JOHN R**
 STREET ADDRESS **5580 PONTE VERDE CT**
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **V** ☐ Delete
 NAME **MARKHAM, GEROGE W JR**
 STREET ADDRESS **6013 SYRACUSE**
 CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **STV** ☐ Delete
 NAME **MARKHAM, RANDALL G**
 STREET ADDRESS **13430 VALENCIA DR**
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **V** ☐ Delete
 NAME **MARKHAM, WILLIAM T**
 STREET ADDRESS **1429 PLAYERS CLUB CIRC**
 CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE **V** ☐ Delete
 NAME **FOWLER, CONRAD PAUL**
 STREET ADDRESS **449 CHEROKEE TRAIL**
 CITY-ST-ZIP **PENSACOLA FL**

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

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 (9/99)