

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649248

1. Entity Name

GEORGE MARKHAM AND SONS SIGNS, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90319 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1401 BARRANCAS AVENUE  
PENSACOLA FL 32501

1401 BARRANCAS AVENUE  
PENSACOLA FL 32501

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 59-2076411

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	MARKHAM, NATHAN T SR	
STREET ADDRESS	2832 MANDEVILLE LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARKHAM, JOHN R	
STREET ADDRESS	5580 PONTE VERDE CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARKHAM, GEROGE W JR	
STREET ADDRESS	6013 SYRACUSE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STV	<input type="checkbox"/> Delete
NAME	MARKHAM, RANDALL G	
STREET ADDRESS	13430 VALENCIA DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARKHAM, WILLIAM T	
STREET ADDRESS	1429 PLAYERS CLUB CIRC	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOWLER, CONRAD PAUL	
STREET ADDRESS	449 CHEROKEE TRAIL	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATT B. MARKHAM	
STREET ADDRESS	32745 DONOVAN CIRCLE	
CITY-ST-ZIP	SEMINOLE, AL 36574	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (10/00)