

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 048 ***150.00

DOCUMENT # 649248

1. Entity Name
GEORGE MARKHAM AND SONS SIGNS, INC.



Principal Place of Business
**1401 BARRANCAS AVENUE
PENSACOLA FL 32501**

Mailing Address
**1401 BARRANCAS AVENUE
PENSACOLA FL 32501**



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARKHAM, RANDALL G.
1401 BARRANCAS AVENUE
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

CAMERON CLARK

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

1401 BARRANCAS AVE.

City

PENSACOLA

FL

Zip Code

32501

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON CLARK	
STREET ADDRESS	114 1/2 TALAFOL PI APT 2	
CITY-ST-ZIP	PENSACOLA, FL 32501	
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		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 (850) 433-3032

Date

Daytime Phone #

CR2E034 (10/02)