

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Jul 13, 2000 8:00 am
Secretary of State

06-05-2000 90046 005 ****61.25

DOCUMENT # 719170

1. Entity Name

FLORIDA SIGN ASSOCIATION, INC.

Principal Place of Business

1820 WOODENRAIL LN
JACKSONVILLE FL 32225-510
US
1215 Anthony Ave
Columbia, SC
29201

Mailing Address

1820 WOODENRAIL LN
JACKSONVILLE FL 32225-510
US
1215 Anthony Ave
Columbia, SC
29201

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

59-3127814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, ROBERT
4493 38TH STREET SW
ORLANDO FL 32811

mark Schaefer
3985 Tampa Rd
Oldsmar, FL
34677

7. Name and Address of New Registered Agent

Name: ~~Queen Communications~~ Mark Schaefer
Street Address (P.O. Box Number is Not Acceptable): Queen
1215 Anthony Ave.
City: COLUMBIA SC FE Zip Code: 29201

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

Mark B. Schaefer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, MIKE	
STREET ADDRESS	3649 PROGRESS AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	JERRY JOHNSON	
STREET ADDRESS	5160 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YESBECK, PAUL	
STREET ADDRESS	540 W. 83 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHAEFER, MARK	
STREET ADDRESS	3985 TAMPA RD	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, DAVID	
STREET ADDRESS	11351 49TH STREET, N	
CITY-ST-ZIP	CLEARWATER FL 33962	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SHARON	
STREET ADDRESS	1820 WOODENRAIL LN	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 617, 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

Date

Daytime Phone #

(903) 779-0340

CR2E037 (9/99)