

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719170**

1. Entity Name

FLORIDA SIGN ASSOCIATION, INC.**FILED**
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90063 040 ****61.25

Principal Place of Business

Mailing Address

**1215 ANTHONY AVENUE
COLUMBIA SC 29201
US****1215 ANTHONY AVENUE
COLUMBIA SC 29201
US**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAEFER, MARK
3985 TAMPA ROAD
OLDSMAR FL 34677**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, MIKE	
STREET ADDRESS	3649 PROGRESS AVE	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE	PD	<input type="checkbox"/> Delete
NAME	JERRY JOHNSON	
STREET ADDRESS	5160 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	VPD	<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		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)