

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000503

1. Entity Name

SIGN CRAFT, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90188 001 ***150.00

Principal Place of Business

Mailing Address

8355 GARDEN ROAD
RIVIERA BEACH FL 33409
US

7399 SHADELAND AVE STE 166
INDIANAPOLIS IN 46250-2052

2. Principal Place of Business

3. Mailing Address

7399 Shadeland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #166

City & State

City & State

Indianapolis IN

Zip

Country

Zip

Country

46250

USA

4. FEI Number 65-0342134

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	DC	<input type="checkbox"/> Delete
NAME	YOUNG, DAN E	
STREET ADDRESS	4001 S DECATUR BLVD STE 37-314	
CITY-ST-ZIP	LAS VEGAS NV 89103	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ALAN V	
STREET ADDRESS	7399 SHADELAND AVE STE 166	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM A	
STREET ADDRESS	7399 SHADELAND AVE STE 166	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOTLIB, SUMMER	
STREET ADDRESS	8355 GARDEN RD	
CITY-ST-ZIP	RIVIERA BCH FL 33409	
TITLE	TP	<input type="checkbox"/> Delete
NAME	PRUSIECKI, LINDA M	
STREET ADDRESS	8355 GARDEN RD	
CITY-ST-ZIP	RIVIERA BCH FL 33409	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHENOWETH, JAN R	
STREET ADDRESS	7328 EASTWICK LN	
CITY-ST-ZIP	INDIANAPOLIS IN 46256	

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		
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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

2/22/00

Date

317-577-2413

Daytime Phone #

CR2E034 (9/99)