

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F92000000503**

1. Entity Name

**SIGN CRAFT, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90111 032 \*\*\*150.00

0586136

Principal Place of Business	Mailing Address
8355 GARDEN ROAD RIVIERA BEACH FL 33409 US	7399 SHADELAND AVE PMB 166 INDIANAPOLIS IN 46250 US

**900719**

DO NOT WRITE IN THIS SPACE

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 <b>65-0342134</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>	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	DC	TITLE	
NAME	YOUNG, DAN E	NAME	
STREET ADDRESS	4001 S DECATUR BLVD STE 37-314	STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89103	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	YOUNG, ALAN V	NAME	
STREET ADDRESS	7399 SHADELAND AVE STE 166	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	YOUNG, WILLIAM A	NAME	
STREET ADDRESS	7399 SHADELAND AVE STE 166	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	GOTLIB, SUMMER	NAME	
STREET ADDRESS	8355 GARDEN RD	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL 33409	CITY-ST-ZIP	
TITLE	TP	TITLE	
NAME	PRUSIECKI, LINDA M	NAME	
STREET ADDRESS	8355 GARDEN RD	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL 33409	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CHENOWETH, JAN R	NAME	
STREET ADDRESS	7328 EASTWICK LN	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46256	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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)