

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005057

1. Entity Name

ADVANTAGE SIGN SUPPLY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90404 023 \*\*\*150.00

Principal Place of Business	Mailing Address
P.O. BOX 888684 GRAND RAPIDS MI 49588-8684	P.O. BOX 888684 GRAND RAPIDS MI 49588-8684

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	38-2917739	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ESTRADA, SCOTT C  
5313 56TH COMMERCE PARK BLVD  
TAMPA FL 33610

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	PT	TITLE	
NAME	NOVITSKY, JAMES R	NAME	
STREET ADDRESS	760 CRAHEN NE	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	HOLWERDA, PAUL A	NAME	
STREET ADDRESS	2346 MISSION HILLS DR S.E.	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: James R. Novitsky President Date: 04-19-00 Daytime Phone #: 616-554-3300