

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90049 015 ***150.00

DOCUMENT # F99000001335

1. Entity Name
ABC SIGN PRODUCTS, INC.



Principal Place of Business
2028 SE FRONTAGE ROAD
FORT COLLINS CO 80525

Mailing Address
2028 SE FRONTAGE ROAD
FORT COLLINS CO 80525

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 84-1075113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RADLEY, MARK
2770 DILLARD RD
EUSTIS FL 32726

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CS ☐ Delete
NAME **BROOKS, JACKSON**
STREET ADDRESS **1000 GREGORY RD.**
CITY-ST-ZIP **FORT COLLINS CO 80524**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME **BROOKS, BRIAN**
STREET ADDRESS **7754 PARK RIDGE CIRCLE**
CITY-ST-ZIP **FORT COLLINS CO 80528**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME **WISBON, JACK**
STREET ADDRESS **725 HICKORY CT**
CITY-ST-ZIP **BELLVUE CO 80512**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME **QUINTANA, LOIS**
STREET ADDRESS **4406 STONEY CREEK DR.**
CITY-ST-ZIP **FORT COLLINS CO 80525**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

Lois Quintana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 970-482-5225

CR2E034 (10/02)