## 2003 FOR PROFIT CORPORATION

## May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** H33782 DOCUMENT # 05-02-2003 90124 018 \*\*\*150.00 1. Entity Name GENERAL SIGN CO., INC. Principal Place of Business Mailing Address % DIAN M. STOKEY % DIAN M. STOKEY 941 W. JEFFERSON ST. 941 W. JEFFERSON ST. BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-2553243 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKEY, DIAN M. Street Address (P.O. Box Number is Not Acceptable) 941 W JEFFERSON ST **BROOKSVILLE FL 34601** Zip Code City 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. n Paris SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STOKEY, GUY R. NAME NAME 941 W JEFFERSON ST STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP CITY-ST-ZIP DST TITLE Delete TITLE ☐ Change STOKEY, DIAN M. NAME NAME 941 W JEFFERSON ST STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE -Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

3R2E034 (10/02

Addition

FILED