

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H72588**

1. Entity Name  
**UNITED SIGN SYSTEMS, INC.**



Principal Place of Business  
**3405 S. TAMiami TRAIL  
PUNTA GORDA, FL 33950**

Mailing Address  
**3405 S. TAMiami TRAIL  
PUNTA GORDA, FL 33950**



07092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2567435**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**OAKS, DAVID K.  
201 W. MARION AVENUE  
PUNTA GORDA, FL 33950**

**DO NOT WRITE  
IN THIS SPACE**

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!!! FEES \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, JOHN D.
STREET ADDRESS	4091 GARDNER DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	STD
NAME	WHITE, BEVERLY J COLE
STREET ADDRESS	4091 GARDNER DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

07/15/04-80010-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

*John D. White*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*7-13-04* *941-639-3307*  
**DATE** **PHONE**