

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90174 043 ***150.00

DOCUMENT # H81357
 1. Entity Name
DICK WHITE SIGNS, INC.

Principal Place of Business 1408 S.W. 12 AVE POMPAÑO BEACH FL 33069 US	Mailing Address 1408 S.W. 12 AVE POMPAÑO BEACH FL 33069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 897 N.W. 47 ST	3. Mailing Address 897 N.W. 47 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State POMPAÑO BEACH FL	City & State POMPAÑO BEACH FL	4. FEI Number 59-2667039	Applied For <input type="checkbox"/> Not Applicable
Zip 33064	Country US	Zip 33064	Country US

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

6. Name and Address of Current Registered Agent

**WHITE, RICHARD C SR
 1408 S.W. 12 AVE
 POMPAÑO BCH. FL 33069**

7. Name and Address of New Registered Agent

Name: **SAME**
 Street Address (P.O. Box Number is Not Acceptable):
**897 N.W. 47 ST
 POMPAÑO BEACH**
 City: **FL** Zip Code: **33064**

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: *Richard C. White Sr.* DATE: 4-16-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, RICHARD C., SR 1408 S.W. 12 AVE POMPAÑO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, RICHARD C., JR 1408 S.W. 12 AVE POMPAÑO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 897 N.W. 47 ST POMPAÑO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 897 N.W. 47 ST POMPAÑO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard C. White Sr.* **RICHARD C. WHITE SR** DATE: 4-16-02 DAYTIME PHONE: 954 785-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)