

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # J67649

1. Entity Name
SUTTON NEON SIGNS, INC.



FILED

03 APR 17 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
SUTTON NEON SIGNS INC.
5603 COMMERCE DR. SUITE 4
ORLANDO FL 32839

Mailing Address
SUTTON NEON SIGNS INC.
5603 COMMERCE DR. SUITE 4
ORLANDO FL 32839

2. Principal Place of Business

6125 Anno Ave.

3. Mailing Address

6125 Anno Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2810421

Applied For

Not Applicable

Zip

Country

32809 USA

Zip

Country

32809 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUNNINGHAM, JAMES R., ESQ.
1309 E. ROBINSON ST.
ORLANDO FL 32801

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KATYNSKI, KENNETH
STREET ADDRESS 1506 S. CHICKASAW TR
CITY-ST-ZIP ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500016319985
04/18/03--01034--004 **150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-03 407-855-1928

CR2E034 (10/02)