

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73157

1. Entity Name

J. W. BERRY SIGNS, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90018 010 \*\*\*150.00

Principal Place of Business

2606 SOUTH STREET  
LEESBURG FL 34748-8731

Mailing Address

P.O. BOX 491500  
LEESBURG FL 34749-1500

2. Principal Place of Business

3. Mailing Address

c/o Robert R. Cyrus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 491635

City & State

City & State

Leesburg, FL

Zip

Country

Zip

Country

34749-1635

USA

4. FEI Number 59-2946334

Applied For

Not Applicable

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

CYRUS, ROBERT R.  
214-A NORTH THIRD STREET  
LEESBURG FL 34748

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME BERRY, JAY O.  
STREET ADDRESS 2606 SOUTH STREET  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE ☐ Delete  
NAME BERRY, JAMES W  
STREET ADDRESS 2606 SOUTH STREET  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE ☐ Delete  
NAME BERRY, JAMES W  
STREET ADDRESS 2606 SOUTH STREET  
CITY-ST-ZIP LEESBURG FL 34748-8731

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

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

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 reports 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: *Jay O. Berry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY O. BERRY

2-12-01

Date

352/728-1119

Daytime Phone #

CR2E034 (10/00)