

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010045

1. Entity Name

SIGN ZONE LLC

FILED

01 JAN 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4672 HIGHWAY 17, NORTH
BARTOW FL 33830

Mailing Address

4672 HIGHWAY 17, NORTH
BARTOW FL 33830

2. Principal Place of Business

602 Hwy 60, EAST

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WALES FL

City & State

Zip

Country

33853 USA

Country

4. FEI Number:

59-3668941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, MARLOW

216 W. COLLEGE AVE., SUITE 201

TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR RIGGS, LUNDA ☒ Delete
STREET ADDRESS 413 CLARK AVENUE
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE NAME MGR STOIA, PAMELA ☐ Delete
STREET ADDRESS 10401 MARBLE EGRET DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003601682--0
CITY-ST-ZIP -01/30/01--01074--002
*****50.00 *****50.00

TITLE NAME MGR LOWRANCE, JENNIFER ☐ Delete
STREET ADDRESS 52 WESTLAND AVE., APT. 28
CITY-ST-ZIP BOSTON MA 02115

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-17-01

863-519-5910

CR2E083 (11/00)