

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

5/5/

05-05-2003 90089 038 \*\*\*\*55.00

**DOCUMENT # L02000030891**

1. Entity Name  
**V SIGNS LIMITED LIABILITY COMPANY**



Principal Place of Business  
**109 S. DELAWARE AVE.  
DELAND FL 32720**

Mailing Address  
**P.O. BOX 3418  
DELAND FL 32721-3418**

**55056308**



2. Principal Place of Business  
Suite, Apt. #, etc.,

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
**02-0684472**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GRUB, VALERI DUNTON  
109 S. DELAWARE AVE.  
DELAND FL 32720**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Valeri Grub 109 So. Delaware Ave. Deland FL 32720</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE-pres. Andrew Grub 109 So. Delaware Ave. Deland FL 32720</b>	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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
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

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: Valeri Grub 4.30.03 386-734-3942  
Date Daytime Phone #

Attachment #102000030891 Philadelphia

55056308

From taxpayer

Sat Feb 22 15:55:27 2003

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Form SS-4

Application for Employer Identification Number

Rev. December 2001 Department of the Treasury Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EN 02-0684472 OMB No. 1545-0049

1 Legal name of entity (or individual) for whom the EIN is being requested VALERI DUNTON GRUB
2 Trade name of business (if different from name on line 1) V SIGNS LLC
3 Executor, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) PO BOX 3418
4b City, state, and ZIP code DELAND FL 32721
5a Street address (if different) (Do not enter a P.O. box.) 109 S DELAWARE AVE
5b City, state, and ZIP code DELAND FL 32720
6 County and state where principal business is located VOLusia FL
7a Name of principal officer, general partner, grantor, owner, or trustee VALERI DUNTON GRUB
7b SSN, ITIN, or EIN 266 08 5091
8a Type of entity (check only one box)
8b If a corporation, name the state or foreign country (if applicable) where incorporated FL
9 Reason for applying (check only one box)
10 Date business started or acquired (month, day, year) 11/19/02
11 Closing month of accounting year DECEMBER
12 First date wages or annuities were paid or will be paid (month, day, year) 11/25/02
13 Highest number of employees expected in the next 12 months
14 Check one box that best describes the principal activity of your business.
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. ILLUMINATED AND NONILLUMINATED SIGNS
16a Has the applicant ever applied for an employer identification number for this or any other business?
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
16c Approximate date when, and city and state where, the application was filed.

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) VALERI DUNTON GRUB PRESIDENT
Signature WAIVED PER IRS NOTICE 2000-19 Date 02/22/03
Applicant's telephone number (include area code) 386 734 3942
Applicant's fax number (include area code) 386 822 5591