

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and 506 if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 #

55056308

Attachment #102000030891 Philadelphia

From taxpayer

Sat Feb 22 15:55:27 2003

Page 1 of 1

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.)

See separate instructions for each line. Keep a copy for your records.

EN 02-0684472

OMB No. 1545-0047

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  
**VALDOSTA 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)  
 Sole proprietor (SSN)  
 Partnership  
 Corporation (enter form number to be filed) **02-11209**  
 Personal services corp.  
 Church or church-controlled organization  
 Other nonprofit organization (specify) **MULTI-MEMBER**  
 Other (specify) **\_\_\_\_\_**  
 Estate (SSN of decedent)  
 Plan administrator (SSN)  
 Trust (SSN of grantor)  
 National Govt.  
 State/local government  
 Farmers' cooperative  
 Federal government/military  
 RRMTC  
 Indian tribal government/enterprise  
 Group Exemption Number (GEN) **\_\_\_\_\_**

8b If a corporation, name the state or foreign country (if applicable) where incorporated  
State **FL** Foreign country **\_\_\_\_\_**

9 Reason for applying (check only one box)  
 Started new business (specify type) **SIGNAGE AND GRAPHICS BROKER**  
 Hired employees (Check the box and see line 12.)  
 Compliance with IRS withholding regulations  
 Other (specify) **\_\_\_\_\_**  
 Banking purpose (specify purpose) **\_\_\_\_\_**  
 Changed type of organization (specify new type) **\_\_\_\_\_**  
 Purchased going business  
 Created a trust (specify type) **\_\_\_\_\_**  
 Created a pension plan (specify type) **\_\_\_\_\_**

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). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)  
**11/25/02**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."  
Agricultural **0** Household **0** Other **1**

14 Check one box that best describes the principal activity of your business.  
 Construction  
 Rental & leasing  
 Real estate  
 Health care & social assistance  
 Transportation & warehousing  
 Finance & insurance  
 Wholesale-retail trade  
 Accommodation & food service  
 Wholesale-other  
 Retail  
 Other (specify) **\_\_\_\_\_**

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?  Yes  No  
Note: If "Yes," please complete lines 15b and 16c.

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.  
Legal name **\_\_\_\_\_** Trade name **\_\_\_\_\_**

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) **00/00/00** City and state where filed **\_\_\_\_\_** Previous EIN **\_\_\_\_\_**

17 Complete this section only if you want to authorize the rest of individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee  
 Designee's name **\_\_\_\_\_** Designee's telephone number (include area code) **\_\_\_\_\_**  
 Address and ZIP code **\_\_\_\_\_** Designee's tax number (include area code) **\_\_\_\_\_**

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 **MAILED PER IRS NOTICE 2000-19** Date **02/22/03**  
 Applicant's telephone number (include area code) **( ) 386 734 3942**  
 Applicant's tax number (include area code) **( ) 386 822 5591**