

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09631

1. Entity Name

ACCENT SIGNS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90045 048 ***150.00

Principal Place of Business 335 AIRPORT ROAD N 136 EDGEWATER WAY S NAPLES FL 33942 34104 US	Mailing Address 335 AIRPORT RD N 136 EDGEWATER WAY S NAPLES FL 34105-7102 34104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 335 AIRPORT RD N. Suite, Apt. #, etc. 11	3. Mailing Address 335 AIRPORT RD N. Suite, Apt. #, etc. 11
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City & State NAPLES, Florida	City & State NAPLES, Florida
Zip 34104	Zip 34104
Country USA	Country USA

4. FEI Number 65-0138291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PUENTE, JORGE
335 AIRPORT ROAD NORTH
NAPLES FL 34104

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.

SIGNATURE Jorge Puente Jorge Puente 4-1-00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D PUENTE, JORGE 335 AIRPORT RD N NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUENTE, MERCEDES 335 AIRPORT RD N NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Puente 4-1-00 643-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)