

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90081 017 ***150.00

0097986 AV

DOCUMENT # L30464

1. Entity Name
WALK-IN 1-HOUR SIGNS, INC.



Principal Place of Business
**5636-C W. WATERS AVE
TAMPA FL 33634**

Mailing Address
**5636-C W. WATERS AVE
TAMPA FL 33634**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3028185**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TRIMARCO, JAMES W.
5636-C W. WATERS AVE
TAMPA FL 33634**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRIMARCO, JAMES W.
13026 DELWOOD RD
TAMPA FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/07 813-884-8606

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

**WALK-IN
1 HOUR SIGNS, Inc.**
5636-C. Waters Ave., Tampa, FL 33634
PH: (813) 884-8606
Fax: (813) 889-9653 • Email: walksign@gte.net

90150634-8/12/03
L30864

TO WHOM IT MAY CONCERN,

This is the 1st notice

I have received. Therefore

I have enclosed a check

For the amount of \$150.⁰⁰/₁₀₀

The original amt. due.

Sincerely,

James Trimano
(director)