2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L66764 DOCUMENT

1. Entity Name SLAGER BUDGET SIGNS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90455 005 ***150.00

Principal Place of Business 5320-A 14TH STREET W. BRADENTON FL 34207				Mailing Address 5320-A 14TH STREET W. BRADENTON FL 34207								
2. Principal P	lace of Busin	ess	3. Mai	ling Address				! 1882!!B(828 84 !8 85 !! 88				
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				FEI Number 65-01887	719	—	pplied For]
Zip Country			Zip	Zip Cou			5.	Certificate of Status Desire		B.75 Ad		
	6. Name	and Address of Curre	nt Registere	Registered Agent			7. Name and Address of New Registered Agent					
309 51 ST	JR., WILLIA AVE E ON FL 3426							ER, JR · W Box Number is Not Agcept 40TH AVE		1		
e Oxize a shave			£ N			City £		N70N gent, or both, in the State of	FL fileder Lem for	Zip Coc	<u> 205 </u>	
the obligat SIGNATURE - F After	Signature, typed ILE NOW!! r May 1, 200	ered agent. or printed name of registered age ! FEE IS \$150.00 3 Fee will be \$550.0	ent and title if app				re required when re		DATE n Financing	\$5.0	OO May Be	
Make Check Payable to Florida Department of OFFICERS AND I							AD	DDITIONS/CHANGES TO	OFFICERS AND D	IRECTOR	S IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	309 51ST	WILLIAM JR AVE E DN FL 34203		☐ Delete						Change	☐ Addition	(00/01/10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	309 51ST	Delete SLAGER, GERALDINE 109 51ST AVE E SRADENTON FL 34203							_ Change	☐ Addition	1000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete SLAGER, CHRISTIAN 309 51ST AVE E BRADENTON FL 34203			☐ Delete			~			Change	Addition	-
TITLE Name Street address City-St-Zip				□ Delete	•				С	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					С	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					С] 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR