

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M75390

1. Entity Name
FANSIGNS INC.

R

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 012 ***150.00

Principal Place of Business

7104 YARDLEY WAY
TAMPA FL 33647
US

Mailing Address

7104 YARDLEY WAY
TAMPA FL 33647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2885346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDIERI, EDWARD J.
7104 YARDLEY WAY
TAMPA FL 33647

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PT
NAME CARDIERI, EDDIE
STREET ADDRESS 7104 YARDLEY WAY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VS
NAME CARDIERI, KIM
STREET ADDRESS 7104 YARDLEY WAY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VP
NAME KEARNEY, RENWOICK
STREET ADDRESS 6008 LAKETREE LANE
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 11 or Block 12 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

7-24-00 813-977-3298
Date Daytime Phone #

CR2E034 (5/00)

DOC # M75390

B0103783

July 24, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the 2000 Uniform Business Report along with a check for \$150.00. Since we never received the original form, we are requesting waiver on the late filing penalty fee. Our mailing address is 7104 Yardley Way, Tampa, Florida 33647 and we can be reached at (813) 977-3298.

Your consideration on this matter is appreciated.

Sincerely,



Edward J. Cardieri, President