2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am Secretary of State DOCUMENT # N98000006433 01-31-2001 90055 014 ****61.25 1. Entity Name SIGNS NOW PROMOTIONAL FUND CORPORATION Principal Place of Business Mailing Address 4900 MANATEE AVE., STE. 201 4900 MANATEE AVE., STE, 201 BRADENTON FL 34209 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, stc. Applied For City & State 4. FEI Number City & State 65-0875206 Not Applicable Country \$8.75 Additional Zip Country. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BEYER, DAVID A % RUDNICK & WOLFE 101 E. KENNEDY BLVD., STE. 2000 Zip Code City TAMPA FL 33602 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) \$5.00 May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition CR2E037 (10/00 Delete TITLE TITLE ETCHIESON, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 4900 MANATEE AVE., STE. 201 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Delete TITLE ☐ Change Addition TITLE EVANS, MURRY NAME STREET ADDRESS STREET ADDRESS 4900 MANATEE AVE., STE. 201 CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Спапре Addition ☐ Celete TITLE TITLE CORONA, RANDY NAME NAME STREET ADDRESS 4900 MANATEE AVE., STE. 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Addition TILE Delete TITLE Phyllis A. Etchieson NAME NAME 4960 Manatee Avc. W., Ste 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. with all drifter like ampowered. changed, or on an attachment with an address

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TO OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-147-174

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