2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # P0000028578 AMERICAN SIGNS & GRAPHICS, INC. 05-07-2001 90038 050 ***150.00 Principal Place of Business Mailing Address 2104 W SLIGH AVE 2104 W SLIGH AVE TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country _Zip \$8.75 Additional 5.-Certificate of Status Desired --- Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARGEL, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 2104 W SLIGH AVE TAMPA FL 33604 City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Largel. Enrique NAME STREET ADDRESS 2104 W SLIGH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Delete ☐ Addition TITLE Change LARGEL, LOURDES B NAME NAME STREET ADDRESS 2104 W SLIGH AVE STREET ADDRESS CITY - ST- ZiP TAMPA-FL-33604 ~ CITY-ST-782 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME

13. I hereby certify that the information supplied with this filling 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 attach

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

VE LARGEL 40