

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-15-2001 90135 017 ***150.00
 06-08-2001 90162 041 *****8.75

DOCUMENT # P00000045211

1. Entity Name

SPD SIGNS, INC. ✓

Principal Place of Business

7115 TIMBER DR
 WINTER PARK FL 32792

Mailing Address

7115 TIMBER DR
 WINTER PARK FL 32792

2. Principal Place of Business

SIGN-A-RAMA

5285 Red Bug Lake Rd. #121

Winter Springs, FL 32708

City & State **407-696-8667**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645371

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARSTOW, DONNA J
7115 TIMBER DR
WINTER PARK FL 32792

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 Donna Barstow **DONNA BARSTOW**

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

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
 NAME **BARSTOW, DONNA J**
 STREET ADDRESS **7115 TIMBER DR**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete
 NAME **SCHMIERER, SCOTT H**
 STREET ADDRESS **675 556 YOUNGSTOWN PKWY 257**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P.** ☐ Change ☒ Addition
 NAME **SCHMIERER, PETER W.**
 STREET ADDRESS **556 ORANGE DR. #21**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☒ Addition
 NAME **SCHMIERER, SCOTT H.**
 STREET ADDRESS **675 YOUNGSTOWN PKWY #257**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

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

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

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

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: Donna Barstow **DONNA BARSTOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-30-01

Date

407-696-8667

Daytime Phone

CR2E034 (10/00)