

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91009 024 \*\*\*150.00

**DOCUMENT # P00000053254**

1. Entity Name

**SIGN COLLECTION, INC.**

Principal Place of Business

Mailing Address

~~9465 NW 109 ST., STE. 105~~

9465 NW 109 ST., STE. 105

~~MIAMI FL 33178~~

MIAMI FL 33178

**3333 GRIFFIN RD.**

**3333 GRIFFIN RD.**

**FT. LAUD. FL 33312**

**FT. LAUD. FL. 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3333 GRIFFIN RD**

**3333 GRIFFIN RD**

City & State

City & State

**FT. LAUD., FL.**

**FT. LAUD., FL.**

Zip

Country

Zip

Country

**33312**

**PRW**

**33312**

**PRW**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAISLER, RICHARD**

**9465 NW 109 ST., STE. 105**

**MIAMI FL 33178**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3333 GRIFFIN RD.**

City

**FT. LAUD.**

FL

Zip Code

**33312**

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

*Richard Taisler* - **RICHARD TAISLER PRES.**

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TAISLER, RICHARD**  
CITY-ST-ZIP **9465 NW 109 ST., STE. 105**  
**MIAMI FL 33178**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **3333 GRIFFIN RD.**  
CITY-ST-ZIP **FT. LAUD. FL. 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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:

*Richard Taisler* **RICHARD TAISLER PRES** **954-916-9911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)