## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000057565 DOCUMENT #

1. Entity Name

SIGNATURE:

E & W AFFORDABLE SIGNS, INC.



## **FILED** Jul 30, 2003 8:00 am Secretary of State 07-30-2003 90068 017 \*\*\*550.00

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Principal Plac 6028 S ORAN ORLANDO FL	GE AVE	Mailing Address 6028 S ORANGE AVE ORLANDO FL 32809								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			7 15021900 17) 60211 ABIIL BAIL BAIL BAIL	BUIS BUIS BUIS INGEL O	III <b>1</b> 446) <b>1</b> 411 4681		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4.	. FEI Number <b>59-3652821</b>		Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	urrent Registered Agent			~7.	. Name and Address of New Reg	istered Agent				
TUKDARIAN & UNCAPHER, P.A.				Name						
			Street Address		dress (P.O.	(P.O. Box Number is Not Acceptable)				
228 HILLCREST ST ORLANDO FL 32801										
	7 L 0 <u>20</u> 0 1			City			Zip C	indo		
، 				City			FL Zip C	oue		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE .	Signature, typed or printed name of register	ed agent and title if applicable (No	OTE: Registere	d Agent signature	e required when	n reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$50 Payable to Florida Departm	50.00				9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ded to Fees		
10,	OFFICER	S AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 11		
TITLE NAME	D CARPENTER, WENDEL	☐ Delete	TITL	_			☐ Chang	e 🗌 Addition		
STREET ADDRESS	6028 S ORANGE AVE			EET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32809		CITY	-ST-ZIP	. <del></del>		<u></u>			
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				- ST-ZiP						
12. I hereby control indicated of the corporate changed.	certify that the information supplie on this report or supplemental poration or the receiver or trusted or on an attachment with are and	ed with this filing does not qualify the port is true and accurate and that the empowered to execute this report of the empowered to execute the empowered to the like empowered the empowered to the like empowered the empowered	for the exe t my signa rt as requi d.	mption state ture shall have red by Chap	d in Section ve the same ter 607, Flo	n 119.07(3)(i), Florida Statutes. I fu e legal effect as if made under oatl orida Statutes; and that my name a	rther certify that th h; that I am an offic ppears in Block 10	e information per or director per Block 11 if		