

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90088 039 \*\*\*150.00

**DOCUMENT # P00000065101**

1. Entity Name

**SIGNS DIRECT OF BROWARD, INC.**

Principal Place of Business

4763 NW 103 AVE., #20  
 SUNRISE FL 33351

Mailing Address

4763 NW 103 AVE., #20  
 SUNRISE FL 33351

2. Principal Place of Business

4590 Hiatus Road  
 Suite, Apt. #, etc.

3. Mailing Address

Same  
 Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Same

4. FFL Number

65-1035754

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

~~REICHERTER, WILLIAM~~  
~~4763 NW 103 AVE., #20~~  
~~SUNRISE FL 33351~~

7. Name and Address of New Registered Agent

Name

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

4590 Hiatus Road

City Sunrise

FL

Zip Code 33351

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

*William Reichter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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	PD	<input type="checkbox"/> Delete
NAME	REICHERTER, WILLIAM	
STREET ADDRESS	4763 NW 103 AVE., #20	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REICHERTER, DOLORES	
STREET ADDRESS	4763 NW 103 AVE., #20	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4590 Hiatus Road	
CITY-ST-ZIP	Sunrise FL 33351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4590 Hiatus Road	
CITY-ST-ZIP	Sunrise FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Reichter* WILLIAM REICHERTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

954 742 6171

CR2E034 (10/00)