

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 029 \*\*\*150.00

DOCUMENT #

76305

1. Entity Name

HIGHWAY STAR SIGN & LIGHTING SERVICE INC.

PO00000076305 ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4677 BENKSHIRE RD

3. Mailing Address

4677 BENKSHIRE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. JAMES CITY, FL

City & State

ST. JAMES CITY, FL

4. FEI Number

65-1029716

Applied For

Not Applicable

Zip

33956

Country

LEE

Zip

33956

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROGER D. PLEAKE

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

4677 BENKSHIRE RD

City

ST. JAMES CITY

FL

Zip Code  
33956

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

NAME

ROGER D. PLEAKE

STREET ADDRESS

4677 BENKSHIRE RD

CITY-ST-ZIP

ST. JAMES CITY, FL 33956

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

NAME

SANDRA J. PLEAKE

STREET ADDRESS

4677 BENKSHIRE RD

CITY-ST-ZIP

ST. JAMES CITY, FL 33956

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER D. PLEAKE

4-29-02

941 282 2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)