## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P00000087562 BINGO SIGN COMPANY, INC. 05-02-2001 90024 018 \*\*\*150.00 Mailing Address Principal Place of Business TOZO CAPPILISLES BOLLLEVABO 3/396 raft on 5th POST OFFICE BOX 14032 NORTHEAST PLAZA Sorasota, FL. SARASOTA FL 34278 VENICE 34231 3. Mailing Address 2. Principal Place of Business 3/39 Gratton DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-1040254 Applied For City & State City & State Not Applicable ara sota \$8:75 Additional Country Zip 5. Certificate of Status Desired Fee Required 342 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENITADIO BUCHER Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 3139 Gratton St en ce "Saracota 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. BUCHER, BENSHMIN, C. ☐ Addition TITLE ☐ Delete TITLE NAME 7139 Grafton St. BUCHER, BENJAMIN C NAME 1020 CAPRI ISLES BOULEVARD #3 STREET ADDRESS STREET ADDRESS Sarasota FL 34231 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 SVD HURT, DAVID C. ☐ Addition TITLE Delete SVD TITLE NAME HURT, DAVID C NAME 5407 DURANGO AY. STREET ADDRESS 1020 CAPRI ISLES BOULEVARD #3 STREET ADDRESS Sarasota FL. 34235 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME

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 gither like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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SIGNATURE: 4

STREET ADDRESS

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NAME

IS E N S

BENJMINC BUCHER 4/26/

(941)358-7559

□ Change

☐ Addition

Daytime Phone #