

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001766

1. Entity Name
THE SIGN SHOPPE OF CENTRAL FLORIDA, INC.

FILED

02 JUL 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1060 EAST INDUSTRIAL DRIVE
ORANGE CITY FL 32763**

Mailing Address
**1060 EAST INDUSTRIAL DRIVE
ORANGE CITY FL 32763**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1063734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STUTO, RALPH
1770 W. FINLAND DRIVE
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D STUTO, RALPH 17 W. FINLAND DRIVE DELTONA FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006531693-4 -07/19/02--01056--010 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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: **Signature of RALPH STUTO** **7/7/02** **386-775-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

①

Attachment

July 5th, 2002
#A01000001766 The Sign Shopp^e of C.F. INC
1060 E. INDUSTRIAL DRIVE
ORANGE CITY FL. 32763

Dear Sirs;

PLEASE ACCEPT MY EXPLANATION FOR FILING A
LATE 2002 BUSINESS REPORT.

IN LATE APRIL, 2002 WHILE WORKING, I
SLIPPED + FELL ON MY LEFT KNEE. I CONTINUED
TO WORK FOR THE NEXT 3 DAYS BUT WAS IN
SEVERE PAIN. I MADE AN APPOINTMENT TO SEE
AN ORTHOPEDIC SURGEON NAMED DR. BRADRICK IN
ORANGE CITY FLA. I WAS TOLD I NEEDED AN
OPERATION FOR 2 TORN LIGAMENT. AFTER AN MRI
AND X.RAYS AND A SIZEABLE EXPENSE I WAS
SCHEDULED FOR AN OPERATION ON MY LEFT
KNEE. I WAS LAYED UP FOR TWO WEEKS
PRIOR TO THE OPERATION ON THE WEEK OF
THE OPERATION MY RIGHT KNEE GAVE OUT.
FROM FAVORING IT DUE TO THE LOSS OF USE
OF MY LEFT KNEE. ON THE DAY OF
THE OPERATION I WAS IN SEVERE PAIN
ON BOTH KNEES.

(2)

Attachments

This was the beginning of June 2002.
Dr. Brodrick canceled the operation
until my right knee felt better.
He has been treating my right knee
for a month. Now, he said I should
be alright to perform the operation
in approx 10 days from today.
With all my doctor expenses + lack
of full participation in my business
I am financially drained.

Please accept my check of \$150.
For 2002 Uniform Business Report.

Thank You
Ralph Stutz