2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000055231 **DOCUMENT #**

1. Entity Name

SIGN TECHNOLGIES II, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90182 012 ***150.00

SIGNATURE Signature Signa					115			
Suite, Apt. #, etc. City & State	KEY WEST CENTER 2706 ALT 19 NO. SUITE 214		KEY WEST CENTER 2706 ALT 19 NO. SUITE 214					_
City & State Country Country Country Country So Certificate of Status Desired \$8.75 Additional Feed Registered Agent \$8.75	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the Polylagions of registered agent. SIGNATURE Signature, Syndro or prised zone of registered agent with the State of Florida. I am familiar with, and accept the Displaced Agent	City & State		City & State			4. FEI Number 59-3724890	— — — — — — — — — — — — — — — — — — —	
Name	·			Country		5. Certificate of Status Desired	\$8.75 AC	dditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	6. Nam	e and Address of Current F	Registered Agent			7. Name and Address of New Registe	red Agent	
6. 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 bibligations of registered agent. Signature Signatur	2706 ALT 19 N. #1	9						And the second of the second o
SIGNATURE Signature, typed or preced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reintature)) Date				'		•	┌╚╴┆	
After May 1, 2003 Fee will be \$55000 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, types	d or printed name of registered agent an				vhen reinstating) DA	ATE ,	, and accept
TITLE MAME SCHMIDT, ALAN 2706 ALT 19 NO, SUITE 214 PALM HARBOR FL 34683 TITLE MAME SIREET ADDRESS SIREET ADDRE	After May 1, 20 Make Check Payable t	03 Fee will be \$550.00 to Florida Department of	.1			Trust Fund Contribution.	☐ Adde	d to Fees
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	- Is	OFFICERS AND U				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
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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 of ir is the empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment