2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

1. Entity Name

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

THE ORIGINAL SIGN COMPANY, INC.

Apr 07, 2003 8:00 am Secretary of State

•
•
_3
m
•
m
~
~

P01000078989 04-07-2003 90140 029 ***158.75 Principal Place of Business Mailing Address 16654 CROSSINGS BLVD 16654 CROSSINGS BLVD CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3736365 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABA, RICARD D Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET STE 303 SARASOTA FL 34237 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/02) TITLE Addition ☐ Delete CAGAN. JEFFREY NAME 11654 CROSSINGS BLVD STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADORESS CITY-ST-ZIP TITLE ☐ Change ☐ Delete Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

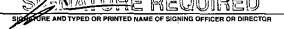
TITLE

NAME

□ Delete

CITY-ST-7IP

SIGNATURE:



Daytime Phone #

☐ Change

Addition