

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90049 010 \*\*\*150.00

DOCUMENT # **PO1000079905 ✓**

1. Entity Name

**Complete Sign Systems, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**10821 64th St N**  
Suite, Apt. #, etc.

**1909 Dormione Cir N**  
Suite, Apt. #, etc.

City & State

City & State

**Pineellas Park FL**

**St Petersburg FL**

4. FEI Number

Applied for

Not Applicable

Zip

Country

Zip

Country

**33782**

**USA**

**33710**

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Scott Hakler**

Street Address (P.O. Box Number is Not Acceptable)  
**10821 64th St N**

City **Pineellas Park FL** Zip Code **33782**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>President Lindsey D. Woodworth 1909 Dormione Cir N St Pete FL 33710</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice-President Scott Hakler 10821 64th St N Pineellas Park FL 33782</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Lindsey Woodworth** President **4/30/2002** 7275449311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #