

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91436 038 \*\*\*150.00

0060956  
AV

**DOCUMENT # P01000097546**

1. Entity Name  
**GRAPHIC SIGN EFFECTS, INC.**



Principal Place of Business  
**40001 EMERALD COAST PARKWAY  
DESTIN FL 32541**

Mailing Address  
**40001 EMERALD COAST PARKWAY  
DESTIN FL 32541**



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 **59-3749582**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEWS, DANA C ESQ.  
MATTHEWS & HAWKINS, P.A.  
607 HIGHWAY 98 EAST  
DESTIN FL 32541**

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

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DEVARONA, ENRIQUE**  
STREET ADDRESS **407 EVANS RD**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **UPS** ☐ Delete  
NAME **ADKERSON, CHAD**  
STREET ADDRESS **814 A6**  
CITY-ST-ZIP **FREEMPORT FL 32439**

TITLE **VP/S** ☒ Change ☐ Addition  
NAME **Adkinson Chad**  
STREET ADDRESS **814 site C-6**  
CITY-ST-ZIP **Freeport FL 32439**

TITLE **VPT** ☐ Delete  
NAME **ADKINSON, LARRY W**  
STREET ADDRESS **29874 US HWY 331 SOUTH**  
CITY-ST-ZIP **FREEMPORT FL 33439**

TITLE **VP/T** ☒ Change ☐ Addition  
NAME **Adkinson Wayne**  
STREET ADDRESS **29874 US Hwy 331 S.**  
CITY-ST-ZIP **Freeport FL 32439**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

**CHAD ADKINSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-03 850 654-7211**  
Date Daytime Phone #

CR2E034 (10/02)