

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90165 013 \*\*\*150.00

0459331 AV

**DOCUMENT # P02000078045**

**1. Entity Name**  
**FOCUS SIGNS, INC.**



**Principal Place of Business**  
**504 W. FLETCHER AVE**  
**TAMPA FL 33612**

**Mailing Address**  
**504 W. FLETCHER AVE**  
**TAMPA FL 33612**

**2. Principal Place of Business**  
**504 W. Fletcher Ave**

Suite, Apt. #, etc.

**TAMPA**

City & State

**FL**

**3. Mailing Address**  
**504 W. Fletcher Ave**

Suite, Apt. #, etc.

**TAMPA**

City & State

**FL**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**55-0790863 EIN**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JARRIN, ANDRES**  
**16407 CYPRESS MULCH CIRCLE**  
**APT 1710**  
**TAMPA FL 33624**

**7. Name and Address of New Registered Agent**

Name  
**JARRIN ANDRES**  
Street Address (P.O. Box Number is Not Acceptable)  
**16405 Cypress Mulch CR**  
**# 1802**  
City **TAMPA FL** Zip Code **33624**

**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**

*ANDRES JARRIN*  
**ANDRES JARRIN**

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**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JARRIN, ANDRES</b>	
STREET ADDRESS	<b>16407 CYPRESS MULCH CIRCLE #1710</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACOME, MARIA</b>	
STREET ADDRESS	<b>16407 CYPRESS MULCH CIRCLE #1710</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARRIN, Andres</b>	
STREET ADDRESS	<b>16405 Cypress Mulch CR #1802</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOME, MARIA</b>	
STREET ADDRESS	<b>16405 Cypress Mulch CR #1802</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**  
**ANDRES JARRIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813 963-3250**

CR2E034 (10/02)