2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P92000010948 1. Entity Name STREET SIGNS, INC. 03-20-2000 90087 033 ***150.00 Mailing Address Principal Place of Business P.O. BOX 10903 1908 BURLINGTON AVE N. ST PETERSBURG FL 33780-2803 ST PETERSBURG FL 33713 2. Principal Place of Business
6 2 50 42 M 57 W
Suite, Apt. #, etc.
UNIT 3/ 3. Mailing Address P.O. BOX 2803 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PINE LLAS Applied For 4. FEI Number PINELLAS PARK FL 59-3157377 PARK Not Applicable 33780 3 3 7 8 / Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMS, RONALD W. SIMS, RONALD W. Street Address (P.O. Box Number is Not Acceptable) 1908 1/2 BURLINGTON AVE 6250 42 MD ST. N. UNIT31 ST PETERSBURG FL 33713 PINELLAS PARK 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE **PVTS** TITLE Addition ☐ Delete SIMS, RONALD W. NAME NAME P.O. BOX 2803 STREET ADDRESS STREET ADDRESS 1908 1/2 BURLINGTON AVE PINELLAS PARK FL 33780 CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL ☐ Delete TITLE SIMS, RONALD W NAME P.O. BOX 2803 STREET ADDRESS STREET ADDRESS 1908 1/2 BURLINGTON AVE., N. PINELLAS PARK FL 33780 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 3-8-06 727-5-25-6587

Date Daytime Phone #