

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90130 040 \*\*\*150.00

**DOCUMENT # P93000044458**

1. Entity Name

**CAPITOL SIGNS, INC.**

Principal Place of Business

**930 NE 4 AVE  
FT LAUDERDALE FL 33304**

Mailing Address

**930 NE 4 AVE  
FT LAUDERDALE FL 33304**

2. Principal Place of Business

**5405 NW 102 AVE**

3. Mailing Address

**5405 NW 102 AVENUE**

Suite, Apt. #, etc.

**SUITE 222**

Suite, Apt. #, etc.

**SUITE 222**

City & State

**SUNRISE FL 33351**

City & State

**SUNRISE FL 33351**

Zip

Country

Zip

Country

4. FEI Number

**65-0418981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FENKELL, LOUIS  
930 NE 4 AVE  
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5405 NW 102 AVE STE 222**

City

**SUNRISE**

**FL**

Zip Code

**33351**

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.

**LOUIS FENKELL, PRES.**

**1-22-01**

(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) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**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 **PD** ☐ Delete  
NAME **FENKELL, LOUIS**  
STREET ADDRESS **930 NE 4 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **VTD** ☐ Delete  
NAME **FENKELL, HEIDI**  
STREET ADDRESS **930 NE 4 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **SD** ☐ Delete  
NAME **BARROW, WILLIAM A**  
STREET ADDRESS **930 NW 4TH AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOUIS FENKELL, PRES.**

Date

Daytime Phone #

**1-22-01**

**578-9340**

CR2E034 (10/00)

0243691