

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90158 009 \*\*\*150.00

**DOCUMENT # P93000057977**

1. Entity Name

**SIGN CRAFTERS, INC.**

Principal Place of Business

Mailing Address

303 N. US HIGHWAY 27  
 C.C.  
 CLERMONT FL 34711  
 US

P.O. BOX 120730  
 CLERMONT FL 34712-0730 *6ms*

914400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*303c North US Hwy 27*

*303c North US Hwy 27*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Clermont, FL*

City & State

*Clermont, FL*

4. FEI Number

**59-3198350**

Applied For  
 Not Applicable

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

Zip *34711*

Country *USA*

Zip *34711*

Country *USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*6ms*  
**SOLIS, SANDRA M**  
 143 MONTROSE STREET  
 CLERMONT FL 34711

*6ms*  
 = **Solis, SANDRA M.**  
 143 Montrose St.  
 Clermont, FL 34711

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-3-00*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLIS, CARLOS</b>	NAME	
STREET ADDRESS	<b>143 MONTROSE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLIS, SANDRA M</b>	NAME	
STREET ADDRESS	<b>143 MONTROSE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

*Sandra M. Solis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-3-00*

Date

Daytime Phone #

*(352) 394-4999*