

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90033 031 ***150.00

FILED
APR 22 2003
SECRETARY OF STATE

DOCUMENT # **P93000057977**



1. Entity Name
SIGN CRAFTERS, INC.

Principal Place of Business
~~300 N. US HIGHWAY 27~~
~~CLERMONT FL 34711~~
US

Mailing Address
~~300 N. US HIGHWAY 27~~
~~CLERMONT FL 34711~~
US



2. Principal Place of Business
552 S. Hwy 27
Suite, Apt. #, etc.
Suite B
City & State
Clermont, FL

3. Mailing Address
552 S. Hwy 27
Suite, Apt. #, etc.
Suite B
City & State
Clermont, FL

CHECK HERE IF MAKING CHANGES

Zip Country
34711 USA

Zip Country
34711 USA

4. FEI Number **59-3198350** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLIS, SANDRA M.
143 MONTROSE STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandra M. Solis* **Sandra M. Solis** 2-14-03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOLIS, CARLOS 143 MONTROSE ST CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOLIS, SANDRA M 143 MONTROSE ST CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.

SIGNATURE: *Sandra M. Solis* **Sandra M. Solis** 2-14-03 352-394-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)