

# 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

**SOLIS, SANDRA M.**  
**143 MONTROSE STREET**  
**CLERMONT FL 34711**

7. Name and Address of New Registered Agent

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

**Sandra M. Solis**

**2-14-03**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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)