

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000060796

1. Entity Name
MOBILE SIGN SERVICES, INC.



FILED

08 NOV 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312008 Chg-P CR2E034 (12/06)

Principal Place of Business
601 NW 31ST AVE.
BAY 5
POMPANO BEACH, FL 33060

Mailing Address
601 NW 31ST AVE.
BAY 5
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #
4381 N.W. 4 STREET

3. Mailing Address
4381 N.W. 4TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCONUT CREEK, FL

City & State
COCONUT CREEK, FL

4. FEI Number
65-0441788

Applied For
Not Applicable

Zip
33066

Country
USA

Zip
33066

Country
USA

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

6. Name and Address of Current Registered Agent

BUCARO, TIMOTHY
4381 NW 4 STREET
COCONUT CREEK, FL 33066

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
PTSD
BUCARO, TIMOTHY
4381 NW 4 STREET
COCONUT CREEK, FL 33066 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BUCARO, ANTHONY F
4381 NW 4 STREET
COCONUT CREEK, FL 33066 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600137244386
11/12/08--01021--005 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KEITH MASKOVYAK
2701 S.W. 6TH STREET
FORT LAUDERDALE, FL 33312 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-579-8628