2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P93000064477 DOCUMENT #

1. Entity Name

ROLLY & SONS SIGNS, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90181 036 ***150.00

Principal Plac % D. FOX. C 5100 OLD HO WINTER PARI	PA)WELL BRANCH ROAD	% E 5100	Mailing Address % D. FOX, CPA 5100 OLD HOWELL BRANCH ROAD WINTER PARK FL 33792									
2. Principal Place of Business			3. Mailing Address					11 0 10100 11116 00161 0	 	 	10011 (00) (00)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number 59-3220642				oplied For ot Applicable	
Zip Country			p Country		5.	Certificate of	Status Desired		\$8.75 Ad Fee Require	ditional		
	6. Name and Addre	red Agent			7. 1	Name and A	ddress of New	Registered	Agent			
DOLLY D	ODEDT I		Name									
rolly, robert j 19 n. winter park drive				Street Addre	Street Address (P.O. Box Number is Not Acceptable)							
					L					_		
CASSELD	ERRY FL 32707											
	, · · -	•			City			<u>-</u> "	FL	Zip Cod	e	
8. The above the obligat	ions of registered agent	nis statement for the purp . of registered agent and title if ap			ed office or reg			in the State of Fi	lorida. I am	familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust	ion Campaign Fi	on. [Added	00 May Be	
10.	P C	OFFICERS AND DIRECTO		11.		AD	DDITIONS/CH	HANGES TO OF	FICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROLLY, RICHARD J	OLD HOWELL BRAI	L BRANCH s							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7		☐ Delete				,		-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		í					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE						☐ Change	☐ 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 of exists.

CITY-ST-ZIP

SIGNATURE S

CITY-ST-ZIP

REDURRICHARD J. Rolly

4/28/03

Daytime Phone #