2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P93000072103 BEACH SIGNS, INC. 03-04-2000 90092 020 \*\*\*150.00 Mailing Address Principal Place of Business 1771 POWERLINE ROAD 1771 POWERLINE ROAD POMPANO BEACH FL 33069-1682 POMPANO BEACH FL 33069 000313812. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0442198 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPARR, ERIC Street Address (P.O. Box 1771 POWERLINE ROAD POMPANO BEACH FL 33069 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Ø Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 TITLE ☐ Addition PSV Delete TITLE NAME SPARR, ERIC N Howerline rd STREET ADDRESS STREET ADDRESS 1771 POWERLINE ROAD CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Addition Delete TITLE TITLE NAME NAME SMITH, LINDA STREET ADDRESS STREET ADDRESS 1771 POWERLINE ROAD CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 attachmen with an address, with all other like empowered. SIGNATURE: Daytime Phone #