2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000014091 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** GLOVER BROTHERS SIGNS, INC. 03-02-2000 90126 015 ***150.00 Mailing Address Principal Place of Business 3466 W WASHINGTON STREET 3466 W WASHINGTON STREET ORLANDO FL 32804-3313 ORLANDO FL 32811 ለሀህፌፌህሁን 2. Principal Place of Business 3. Mailing Address 2529 SILVER STAR ROAD 2529 SILVER STAR ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3227197 Not Applicable ORLANDO FLORIDA ORLANDO FLORIDA - Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32804 32804 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Britt: Wille B Jr Street Address (P.O. Box Number is Not Acceptable) 3466 W WASHINGTON STREET 2529 SILVER STAR RD ORLANDO FL 32811 Zip Code 32804 ORLANDO 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ** OFFICERS AND DIRECTORS 12. **PVST** TITLE PST ★ Change ☐ Addition TITLE ☐ Delete BRITT, WILLIE B JR NAME NAME BRITT, WILLIE B JR 3466 W WASHINGTON STREET STREET ADDRESS STREET ADDRESS 2529 SILVER STAR ROAD CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32811 ORLANDO FL 32804 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME GLOVER, ANTONIO S STREET ADDRESS STREET ADDRESS 2529 SILVER STAR ROAD CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32804 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 afficier 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 or Block 12 changed, or on an attachment with an address, with all other like empowered.

2/8/00/

Daytime Phone