

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90879 001 \*\*\*150.00

**DOCUMENT #** P94000032798

1. Entity Name

U. S. Signs, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
16631 Scheer Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
16631 Scheer Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hudson, FL

City & State  
Hudson, FL

4. FEI Number  
59-3247554

Applied For  
Not Applicable

Zip  
34667

Country

Zip  
34667

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Sidney P. Cooper**  
Street Address (P.O. Box Number is Not Acceptable)  
**16631 Scheer Blvd.**

City **Hudson** **FL** Zip Code **34667**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
Sidney P. Cooper  
1642 Lago Vista Blvd.  
Palm Harbor, FL 34685**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
Cooper, Susie  
1642 Lago Vista Blvd.  
Palm Harbor, FL 34685**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Sidney P. Cooper** 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)