

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061012

1. Entity Name

SIGN SOLUTIONS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90204 033 \*\*\*150.00

Principal Place of Business

Mailing Address

6101 RIDGE RD  
PT RICHEY FL 34668

14378 SPRING HILL DR.  
SPRING HILL FL 34609-8101  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

178 Mariner Blvd  
Suite, Apt. #, etc.  
#265

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Zip  
34609

Country

Hernando

Zip

Country

4. FEI Number 59-3264597

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, WAYNE  
14378 SPRING HILL DR  
BROOKSVILLE FL 34609

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	JOHNSON, WAYNE	14378 SPRING HILL DR BROOKSVILLE FL 34609	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	JOHNSON, DAVID	14378 SPRING HILL DR BROOKSVILLE FL 34609	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 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 #

CR2E034 (9/99)