

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90146 045 ***150.00

DOCUMENT # P94000061012

1. Entity Name
SIGN SOLUTIONS, INC.



Principal Place of Business
**178 MARINER BLVD
#265
SPRING HILL FL 34609**

Mailing Address
**14378 SPRING HILL DR.
SPRING HILL FL 34609
US**

2. Principal Place of Business
16228 Flight Path Dr
Suite, Apt. #, etc.

3. Mailing Address
16228 Flight Path Dr
Suite, Apt. #, etc.

City & State
Brooksville FL

City & State
Brooksville FL

Zip
34604-6875

Country
USA

Zip
34604-6875

Country
USA

4. FEI Number
59-3264597

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, WAYNE
14378 SPRING HILL DR
BROOKSVILLE FL 34609**

7. Name and Address of New Registered Agent

Name
Wayne Johnson
Street Address (P.O. Box Number is Not Acceptable)
16228 Flight Path Dr
City
Brooksville **FL** Zip Code
34604-6875

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16228 Flight Path Dr.
CITY-ST-ZIP	Brooksville, FL 34604-6875
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16228 Flight Path Dr.
CITY-ST-ZIP	Brooksville, FL 34604-6875
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 other like empowered.

SIGNATURE: **ACCEPTANCE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 **352/799-5434**
Date Daytime Phone #

CR2E034 (10/02)