

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068534

1. Entity Name

SIGNSATIONS, INC.

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90075 036 ***150.00

Principal Place of Business

Mailing Address

4301 OAK CIR
11
BOCA RATON FL 33431
US

4301 OAK CIR
11
BOCA RATON FL 33431-4257
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0519924

Applied For
Not Applicable

Zip Country Zip Country

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

ZIMMERMAN, ELLIOT M
3483 PINE HAVEN CIRCLE
BOCA RATON FL 33431

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 _____ (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

T ZIMMERMAN, ELLIOT 3493 PINE HAVEN CIRCLE BOCA RATON FL 33431	<input type="checkbox"/> Delete	T 3483 PINE HAVEN C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP ZIMMERMAN, ROSLYN 3493 PINE HAVEN CIRCLE BOCA RATON FL 33431	<input type="checkbox"/> Delete	VP 3483 PINE HAVEN C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P ZIMMERMAN, JODI 3493 PINE HAVEN CIRCLE BOCA RATON FL 33431	<input type="checkbox"/> Delete	P 3483 PINE HAVEN C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elliot Zimmerman Date: 2/1/00 Daytime Phone #: 561-747-1517

CR2E034 (9/99)