

2001 UNIFORM BUSINESS REPORT (UBR)

"AMENDED" 1

DOCUMENT # P95000017566

1. Entity Name

SIGN & NEON ONLY DESIGN, INC.

FILED

01 APR 26 PM 2:43

Principal Place of Business

2801 IDLEWEISE DR.
DELTONA FL 32738

Mailing Address

2801 IDLEWEISE DR.
DELTONA FL 32738

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3314085

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

ROMERO, GERM
2801 IDLEWEISE DR.
DELTONA FL 32738

Name Nestor A. Romero

Street Address (P.O. Box Number is Not Acceptable)
2801 Idleweise Dr

City Deltona, FL Zip Code 32738

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 WILL FEE IS \$150.00
After MAY 1, 2001 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
ROMERO, NELLY
2801 IDLEWEISE DR
DELTONA FL 32738 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
100004275761-6
05/22/01-01031-024 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSD ROMERO, GERM
2801 IDLEWEISE DR.
DELTONA FL 32738 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P/S/D Nestor A. Romero
2801 Idleweise Dr
Deltona, FL 32738 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/00)