

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90266 018 \*\*\*150.00

**DOCUMENT # P95000018677**

1. Entity Name  
**SIGN SUPPLY USA OF ORLANDO, INC.**



Principal Place of Business  
**7101 PRESIDENTS DR  
SUITE 350  
ORLANDO FL 32809  
US**

Mailing Address  
**7101 PRESIDENTS DR  
SUITE 350  
ORLANDO FL 32809  
US**



2. Principal Place of Business

**7557 Currency Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**7557 Currency Drive**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number **59-3300835**

Applied For  
☐ Not Applicable

Zip **32809** Country

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

6. Name and Address of Current Registered Agent

**ROONEY, DANIEL P  
395 AVENUE C, N.W.  
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **Richard J. Thompson**  
Street Address (P.O. Box Number is Not Acceptable)  
**1711 Blount Rd.**  
City **Pompano Beach** **FL** Zip Code **33069**

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 **Richard J. Thompson**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MCINERNEY, CHRISTOPHER**  
STREET ADDRESS **7 MEMORIAL STREET**  
CITY-ST-ZIP **DEERFIELD MA 01342**

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

TITLE **VD** ☐ Delete  
NAME **THOMPSON, CHRISTOPHER**  
STREET ADDRESS **2461 NW 112TH AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **SD** ☐ Delete  
NAME **STEVENS, JOHN**  
STREET ADDRESS **12820 MARSH POINT WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **T** ☐ Delete  
NAME **MEYERS, CHRISTINE**  
STREET ADDRESS **3741 PELICAN BAY COURT**  
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Chris Meyers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-03 954-974-9900**  
Date Daytime Phone #

CR2E034 (10/02)