2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90040 050 ***150.00

DOCUMENT # P95000032959

1. Entity Name

LOCKRIDGE SIGNS, INC.

Principal Place of Business	Mailing Address
1334 SPALDING RD. DUNEDIN FL 34698 US	622 WHISPERING LAKES BLVD. SUITE A TARPON SPRINGS FL 34689-9023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
615 JASMINE AVE N.	
Suite, Apt. #, etc.: Unit P	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FL	City & State
Zip: 34689 Country: USA	Zip Country

4. FEI Number 59-3312558 ☐ 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
RILEY, STEVEN P. 3333 HENDERSON BLVD. #150 TAMPA FL 33609-2938	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	D SCHLICHTE, HENRY L 622 WHISPERING LAKES BLVD TARPON SPRINGS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHLICHTE, CHERYL B 622 WHISPERING LAKES BLVD TARPON SPRINGS FL	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] Cheryl Brown Schlichte 4-25-00 (727)939-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #