

01/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006615
1. Entity Name
Sofield Sign Service, INC.

FILED
02 JUN -7 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10631 NW 53 STREET
SUNRISE FL 33351

3. Mailing Address
10631 NW 53 STREET
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE
05-21-02 90365 003 \$150.00
4. FEI Number 650633808
Applied For
Not Applicable

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

Zip Country USA Zip Country USA

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Lawrence A. Sofield

Street 10631 NW 53 STREET
SUNRISE FL 33351

City 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) ☒
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME Larry Sofield
STREET ADDRESS 10631 NW 53 STREET
CITY-ST-ZIP SUNRISE FL 33351

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PER Fee waived due to
clerical error, address
updated incorrectly in
1999

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence A. Sofield 6-4-02 954-663-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)