

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018479

1. Entity Name

THE SIGN SHOPPE, INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90121 047 \*\*\*150.00

Principal Place of Business

Mailing Address

9 BOX 785-20  
LAKE CITY FL 32024

PO BOX 250  
LAKE CITY FL 32056-0250

2. Principal Place of Business

3. Mailing Address

RT 9, Box 785-20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY, FL

4. FEI Number

59-3358821

Applied For

Not Applicable

Zip

Country

Zip

Country

32024

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

WILLEMS, LAURA  
RT 10 BOX 916L-3  
LAKE CITY FL 32024

Name

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

RT 9, Box 785-20

City

LAKE CITY

FL

Zip Code

32024

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  
DP  
WILLEMS, LAURA  
RT 9 BOX 785-20  
LAKE CITY FL 32024 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
WILLEMS, PAMELA  
RT 9 BOX 785-5  
LAKE CITY FL 32024 ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

*Laura A. Willem*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

904-735-2006

Daytime Phone #

CR2E034 (9/99)