2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000025059

1. Entity Name

NEXT DAY SIGNS INC.



Principal Place of Business 185 S. COUNTY RD. 427. STE. 117 LONGWOOD FL 32750

Mailing Address 185 S. COUNTY RD. 427, STE. 117 LONGWOOD FL 32750

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90139 022 ***150.00

#UVV~~



2. Principal Place of Business			3. Mai	3. Mailing Address						AL BIJAT BB4B1 1	JARIO 1811 IDOX	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	e		City	City & State			4. 1	FEI Number 59-3373763			plied For t Applicable	
Zìp	Zip Country Zip				Country		5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name ar	nd Address of Curre	nt Registere	ed Agent			7,_1	Name and Address of New Reg	istered Ag	ent		
-						Name						
STAMEY, C. MICHAEL						Street Address (BO Boy Number is Not Assestable)						
427 S. COUNTY RD. 427, STE. 117						Street Address (P.O. Box Number is Not Acceptable)						
	OD FL 32750	•										
LUIVGVV	OD FL 32/30											
						City			FL	Zip Code	3	
8 The above	named entity e	uhmite this statemen	t for the num	nose of changing its	registera	L ed office or regis	stered an	ent, or both, in the State of Floric	la Lam far	L niliar with. :	and accept	
	tions of registers		t for the purp	ose of changing its	registere	a onice or regi-	aicrea ag	ent, or soun, in the state of thome	a. Tamia	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	and dooopt	
•	*	-							•			
SIGNATURE .				-r Aloxe	- B	d Agent signature req			DATE			
	Signature, typed or c	minted name of registered ag	ent and tide it app	Jicable. (NOTE	:: Registere	Agent signature red	Ulied Wileli I	suistatuig)	DAIL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finan Trust Fund Contribution.	cing		0 May Be to Fees	
10. OFFICERS AND DIRECTORS					11.			L DDITIONS/CHANGES TO OFFICE	ERS AND D	IBECTORS	\$ IN 11	
7.	DP -	OFFICENS AF	ND DINECTO		TITLE		AL	DEFINITION OF THE OFFICE		☐ Change	☐ Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

407 831-7446

Change

☐ Addition