

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90029 011 ***150.00

DOCUMENT # P96000050555**1. Entity Name**
T.N.T. SIGNS, LETTERS & LOGOS, INC.**Principal Place of Business****3243 OLEANDER AVE**
FT. PIERCE FL 34982
US**Mailing Address****3243 OLEANDER AVE**
FT. PIERCE FL 34982
US**2. Principal Place of Business****1979 SW ALADDIN ST.****PORT ST. LUCIE FL****3. Mailing Address****1979 SW ALADDIN ST.****PORT ST. LUCIE FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0701960** **Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MCDORMAN, TODD**
1979 SW ALLADDIN ST
PT ST LUCIE FL 34953**7. Name and Address of New Registered Agent****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** *Todd C Mcdorman* **2-15-02**
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.** ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MCDORMAN, TODD C	1979 SW ALADDIN ST	PORT SAINT LUCIE FL 34953				
VP	MCDORMAN, CYNTHIA A	1979 SW ALADDIN ST	PORT SAINT LUCIE FL 34953				

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:** *Todd C Mcdorman* **2-15-02 (772)878-3533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)