

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90978 041 \*\*\*150.00

DOCUMENT # P96000056979

1. Entity Name

SIGNS 4R TIMES, INC.



Principal Place of Business

651 17TH ST W

#N

PALMETTO FL 34221

US

Mailing Address

1523B 8TH AVE W

PALMETTO FL 34221

US

2. Principal Place of Business

3. Mailing Address

651 17th St W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto FL

4. FEI Number

65-0689151

Applied For

Not Applicable

Zip

Country

Zip

Country

34221

Manatee

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, MATTHEW A

1523B 8TH AVE W

PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name S/A

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

651 17th St W. #N

Palmetto FL 34221

City

FL

34221

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CRUM, DEBORAH A	
STREET ADDRESS	1523 8TH AVE W 13	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ALEXANDER, MATTHEW A	
STREET ADDRESS	1523 8TH AVE W 13	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, DEBORAH A	
STREET ADDRESS	651 17th St W #N	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, Matthew A	
STREET ADDRESS	651 17th St W. #N.	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE

*Matthew A. Alexander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-29-03 941-722-8888

CR2E034 (10/02)