

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91515 014 ***158.75

DOCUMENT # P96000063598

1. Entity Name
ERIMARK ELECTRIC SIGN CO., INC.

Principal Place of Business

**14851 NW 27TH AVE
 OPA LOCKA FL 33054**

Mailing Address

**14851 NW 27TH AVE
 OPA LOCKA FL 33054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15041 SW 13 place

3. Mailing Address

15041 SW 13 place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE FLORIDA

4. FEI Number

65-0696374

Applied For

Not Applicable

Zip

Country

33326

Browards

Zip

Country

33326

Country

Browards

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, STEVEN A
 14851 NW 27 AVE.
 OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name

John R. Annis

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

15041 SW 13 PLACE

City

SUNRISE

FL

Zip Code

33326

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, 2002 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

TITLE **PSD** ☒ Delete
 NAME **STANLEY, STEVE**
 STREET ADDRESS **14851 NW 27 AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **VD** ☐ Delete
 NAME **ANNIS, JOHN**
 STREET ADDRESS **2027 SHERMAN STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD2** ☒ Delete
 NAME **MIKULEC, PHILLIP T**
 STREET ADDRESS **10840 S.W. 1ST. CT.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PST** ☒ Change ☐ Addition
 NAME **John R. Annis**
 STREET ADDRESS **15041 SW 13 place**
 CITY-ST-ZIP **SUNRISE, FLORIDA 33326**

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **CYNTHIA K. ANNIS**
 STREET ADDRESS **15041 SW 13 place**
 CITY-ST-ZIP **SUNRISE, FL 33326**

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)