2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 18, 2002 8:00 am Secretary of State P96000104011 DOCUMENT # 1. Entity Name SIGNS NOW CORPORATION 02-18-2002 90077 001 ***300.00 Mailing Address Principal Place of Business 4900 MANATEE AVENUE WEST STE 201 4900 MANATEE AVENUE WEST STE 201 **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 63-0927386 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEYER DAVID A-ETCHIESON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4900 MANATEE AVENUE WEST STE 201 101 East Kennedy Blvd. Suite 2000 **BRADENTON FL 34209** City TAMPA 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 (NOTE: Registered Agent signature required when reinstating) d title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) **PSTDC** Change ☐ Addition TITLE ☐ Delete TITLE ETCHIESON, MICHAEL L. NAME ETCHIESON, MICHAEL L. NAME 4900 MANATEE AVE WEST STE 201 4900 MANATEE AVE., UNIT 201 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34209 Change ☐ Addition TITLE **VPO** ☐ Delete TITLE NAME CORONA, RANDY NAME 4900 MANATEE AVENUE WEST STE 201 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP 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.