

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001232

1. Entity Name

SIGNS IN ONE DAY OF CAPE CORAL, INC.

Principal Place of Business

3006 DEL PRADO BLVD.  
SUITE 1  
CAPE CORAL FL 33904

Mailing Address

3006 DEL PRADO BLVD.  
SUITE 1  
CAPE CORAL FL 33904

2. Principal Place of Business

4408-A DEL PRADO BLVD  
Suite, Apt. #, etc.

3. Mailing Address

4408-A DEL PRADO BLVD  
Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number 65-0721785

Applied For

Not Applicable

Zip 33904-7212

Country LEE

Zip 33904-7212

Country LEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATION, JOSEPH  
3006 DEL PRADO BLVD.  
SUITE 1  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

NATION, JOSEPH

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

4408-A DEL PRADO BLVD

City

CAPE CORAL

FL

Zip Code 33904-7212

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

3/12/01

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, 2001 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 D ☐ Delete  
NAME NATION, JOSEPH  
STREET ADDRESS 3006 DEL PRADO BLVD. SUITE 1  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Delete  
NAME NATION, MICHAEL  
STREET ADDRESS 3006 DEL PRADO BLVD., STE 1  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 4408-A DEL PRADO BLVD.  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4408-A DEL PRADO BLVD.  
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

3/12/01

941-540-7446



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)