

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000017024**

1. Entity Name

SIGNS NOW CANADA CORPORATION

Principal Place of Business

**4900 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34209**

Mailing Address

**4900 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0729990**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEYER, DAVID A
C/O RUDNICK & WOLFE
101 AST KENNEDY BOULEVARD, SUITE 2000
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	<input checked="" type="checkbox"/> Delete
NAME	EVANS, MURRY J	
STREET ADDRESS	4900 MANATEE AVENUE WEST, 201	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE	PSCO	<input type="checkbox"/> Delete
NAME	ETCHIESON, MICHAEL L	
STREET ADDRESS	4900 MANATEE AVENUE WEST SUITE #201	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POLICH, CATHY	
STREET ADDRESS	4900 MANATEE AVENUE WEST SUITE #201	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE	VPO	<input type="checkbox"/> Delete
NAME	CORONA, RANDY	
STREET ADDRESS	4900 MANATEE AVE W, STE #201	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/01

Date

24-747-7747

Daytime Phone #

CR2E034 (10/00)