

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032187

1. Entity Name

IMPACT SIGNS & GRAPHIC DESIGNS INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90066 038 \*\*\*550.00

Principal Place of Business

Mailing Address

3214 DEBBIE DR  
ORLANDO FL 32803  
US

3214 DEBBIE DR  
ORLANDO FL 32806-6636  
US

2. Principal Place of Business

3214 DEBBIE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip  
32806

Country  
US

Zip

Country

4. FEI Number

59-3432052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAGER, KIRK D  
3214 DEBBIE DR  
ORLANDO FL 32806

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SEAGER, KIRK D  
STREET ADDRESS 930-B LAKE DESTINY ROAD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PD ☒ Change ☐ Addition  
NAME SEAGER, KIRK D.  
STREET ADDRESS 3214 DEBBIE DR.  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE VPD ☐ Delete  
NAME BEAGER, SUSAN R  
STREET ADDRESS 3214 DEBBIE DR  
CITY-ST-ZIP ORLANDO FL 32806

TITLE VPD ☒ Change ☐ Addition  
NAME SEAGER, SUSAN R.  
STREET ADDRESS 3214 DEBBIE DR.  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: KIRK D. SEAGER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00 407-228-0012  
Date Daytime Phone #

CR2E034 (9/99)