

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90052 020 \*\*\*150.00

**DOCUMENT # P97000033568**

1. Entity Name  
**TRANSIT SIGNS, INC.**

Principal Place of Business Mailing Address  
 12400 PARK BLVD. 10455 GAZEBO DR. 12400 PARK BLVD. 10455 GAZEBO DR.  
 SUITE 524 SUITE 524  
 SEMINOLE FL 33772 LARGO, FL 33773 SEMINOLE FL 33772 LARGO, FL 33773

2. Principal Place of Business 3. Mailing Address  
 10455 GAZEBO DR. 10455 GAZEBO DR.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 LARGO, FL. LARGO, FL.  
 Zip Country Zip Country  
 33773 US 33773 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3440394** 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  
 REISH, CARL  
 12400 PARK BLVD.  
 SUITE 524  
 SEMINOLE FL 32772  
 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 Carl Reish, Pres. / CARL REISH, PRES. change of business Address only  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE 1-23-2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REISH, CARL 12400 PARK BLVD., STE. 524 SEMINOLE FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carl Reish, Pres. / CARL REISH, PRES. 1-23-2001 (727) 399-0288  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)