## 2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

## DOCUMENT # P97000072682

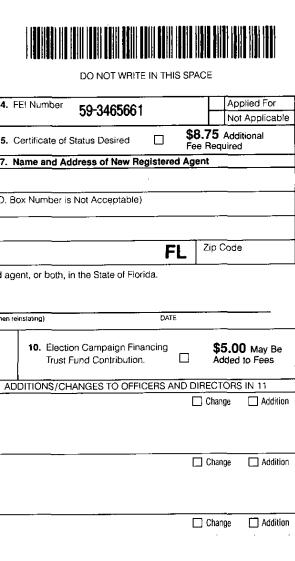
Suite, Apt. #, etc.

SIGNS BY BARRY, INC.

Principal Place of Business Mailing Address 5021 S. HIGHWAY 17-92 5021 S. HIGHWAY 17-92 P.O. BOX 181309 P.O. BOX 181309 CASSELBERRY FL 32718-1309 CASSELBERRY FL 32718-1309 2. Principal Place of Business 3. Mailing Address

## FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90267 006 \*\*\*150.00



City & State		City & State		4. FEI Number	4. FEI Number 59-3465661			
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Current Re	gistered Agent		7. Name and Ad	dress of New Registere	ed Agent		
5021	AHAM, BARRY LEE S. HIGHWAY 17-92	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
CASSELBERRY FL 32718-1309			City	FL Zip Code			Code	
CIGNIATI IDE	named entity submits this statement for t		egistered office or req		the State of Florida.	TE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! F  After MAY 1, 2000 F  Make Check Payable to			•	.00 Trust F	n Campaign Financing und Contribution.	□ Å	<b>5.00</b> May Be dided to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CH	ANGES TO OFFICERS A			<u>~</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAHAM, BARRY LEE 5021 S HWY 17-92 CASSELEBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🗌 Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🔲 Addition	5
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Char	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🔲 Addition	

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR