2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P97000072682 **DOCUMENT #**

1. Entity Name SIGNS BY BARRY, INC.



Principal Place of Business 5021 S. HIGHWAY 17-92

Mailing Address 5021 S. HIGHWAY 17-92

P.O. BOX 181309 CASSELBERRY FL 32718-1309			P.O. BOX 181309 CASSELBERRY FL 32718-1309							
2. Principal Place of Business			3. Mailing Address				1 10 011 0 01 118 10(X) 10 814 0 0111 00111 88141	E 0111 10 610 11010 011	# 1 # 118 0 0 0	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. 1	59-3465661		Applied For Not Applicable	-
Zip	p Country				Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			dditional	1
	6. Name	and Address of Curren	t Register	Registered Agent			7. Name and Address of New Registered Agent			
		<u>-</u>	-		Name					1
	ii, barry li Highway 17			Street Address (O. Box Number is Not Acceptable)			
	ERRY FL 32			. .]
					- City			FL Zip Co	de]
	named entity tions of regist		or the purp	oose of changing its r	registered office of	r registered ag	ent, or both, in the State of Florida.	I am familiar with	n, and accept	-
SIGNATURE .	Signature, typed	or printed name of registered agen	it and title if app	olicable. (NOTE:	Registered Agent signa	ture required when re	pinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.		OFFICERS AND	DIRECTO	PRS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5021 S HV	, BARRY LEE VY 17-92 BERRY FL 32707		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE				☐ Delete	TITLE	_		☐ Change	☐ Addition	1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition