

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077363

1. Entity Name
COMMERCIAL SIGN TECHNOLOGIES, INC.

Principal Place of Business
4735 PHYLLIS ST
JACKSONVILLE FL 32254
US

Mailing Address
4735 PHYLLIS ST
JACKSONVILLE FL 32254
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BANE, JACKIE
4735 PHYLLIS STREET
JACKSONVILLE FL 32254

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 *Jackie Bane* DATE 8-20-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P
NAME BANE, JACKIE
STREET ADDRESS 598 BRANSCOMB RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE VP
NAME BANE, DEBORAH
STREET ADDRESS 4735 PHYLLIS ST
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE S
NAME BANE, DAVID B
STREET ADDRESS 2025 POST ST
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE S
NAME WUNSCHER, MIKE
STREET ADDRESS 4735 PHYLLIS ST
CITY-ST-ZIP JACKSONVILLE FL 32254 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Jackie Bane* DATE 8-20-01 DAYTIME PHONE # (904) 389-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90002 003 ***550.00



DO NOT WRITE IN THIS SPACE

0022075

CR2E034 (10/00)