

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90025 013 ***150.00

DOCUMENT # P97000087019

1. Entity Name

CUSTOM BANNERS TOMORROW, INC.

Principal Place of Business

**4241 BAYMEADOWS ROAD
 SUITE 1
 JACKSONVILLE FL 32217**

Mailing Address

**4241 BAYMEADOWS ROAD
 SUITE 1
 JACKSONVILLE FL 32217**

2. Principal Place of Business

11018 Old St. Augustine Rd.,

Suite, Apt. #, etc.

Suite 128

**City & State
 Jacksonville, FL**

3. Mailing Address

11018 Old St. Augustine Rd.,

Suite, Apt. #, etc.

Suite 128

**City & State
 Jacksonville, FL**

Zip
32257

Country

Zip
32257

Country

4. FEI Number **59-3472846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACKENDICK, JON D
 4241 BAYMEADOWS ROAD
 SUITE 1
 JACKSONVILLE FL 32217**

"NEW ADDRESS" =

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11018 Old St. Augustine Rd., Suite 128

City

Jacksonville

FL

Zip Code
32257

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 MACKENDRICK, JON D
 4241 BAYMEADOWS ROAD
 JACKSONVILLE FL 32217** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 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: **Jon D. Mac Kendrick** **JON D. MAC KENDRICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

880-1118

Daytime Phone #

CR2E034 (9/01)