

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000094823**

1. Entity Name

SIGN SERVICE AND INSTALLATIONS, INC.**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91550 044 ***550.00

Principal Place of Business

P.O. BOX 6307
MARIANNA FL 32447

Mailing Address

P.O. BOX 6307
MARIANNA FL 32447

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3489244**

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

HARKINS, JAMES E JR
4413 MARION STREET
MARIANNA FL 32448

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

*J.E. Harkins Jr.**JAMES E. HARKINS, JR.**5/17/01*

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | D | <input type="checkbox"/> Delete |
| NAME | HARKINS, JAMES E | |
| STREET ADDRESS | 3124 FOURTH STREET | |
| CITY-ST-ZIP | MARIANNA FL 32446 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

*J.E. Harkins Jr.**JAMES E. HARKINS, JR.**5/17/01**850-520-3301*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)