2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000099232

1. Entity Name

RUNNING BILLBOARD CORP.

Principal Place of Business
5850 Lakehurst Dr. # 150-21
ORLANDO FL 32819

Mailing Address
5850 Lakehurst Dr. # 150-21
ORLANDO FL 32819

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number   59-3487775   ☐ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ·☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINTO, Edegar A.
5850 LAKEHURST DR # 150-21
ORLANDO FL 32819

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 _____
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, 2000 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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PTD** NAME PINTO, Edegar A. STREET ADDRESS 5850 Lakehurst Dr. # 150-21 CITY-ST-ZIP ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VSD** NAME PINTO, Canceicao A.A. STREET ADDRESS 5850 Lakehurst Dr. # 150-21 CITY-ST-ZIP ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: _____ Edegar A. Pinto   1/28/00   (407) 370 4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #