

# 2001 UNIFORM BUSINESS REPORT (UBR) 182

DOCUMENT # P98000009734

1. Entity Name  
SIGN SOCKS, INC.

Principal Place of Business  
435 DAVIS ST  
NEPTUNE BEACH FL 32266

Mailing Address  
ONE INDEPENDENT DRIVE  
SUITE 2000  
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3495211

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DRAUGHON, RICHARD S  
ONE INDEPENDENT DRIVE  
SUITE 2000  
JACKSONVILLE FL 32202

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
PETRY, TODD  
435 DAVIS ST  
NEPTUNE BEACH FL 32266

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
PETRY, TODD  
1120 DELAWARE AVE. SE.  
ATLANTA, GA 30316

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300004616453--6  
-09/28/01--01033--009  
\*\*\*\*550.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition  
mw

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETRY 09/12/01 404.944.5844

APPROVED  
AND  
FILED

01 SEP 25 AM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0002086 AV

CR2E034 (5/01)

282

**Sign Socks, Inc.**

1120 Delaware Ave. S.E. / Atlanta, GA 30316  
888-765-4SOX phone / fax 404-944-5840 / email: signsocks@aol.com  
www.signsocks.com

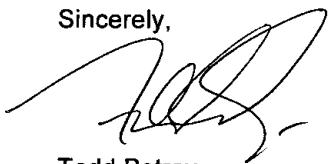
September 19, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Dear Division:

I will make this brief. This morning I spoke to your division regarding what happened last Tuesday the 11<sup>th</sup> and how that has influenced this payment. I was advised that if this is postmarked today or tomorrow, I will not incur a late fee. Thank you for your understanding in this time of uncertainty.

Sincerely,



Todd Petrey  
President  
Sign Socks, Inc.

2nd copy in  
business  
10/10/01