

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019978

1. Entity Name

BALDWIN SIGN & DESIGN, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90011 009 \*\*\*550.00

Principal Place of Business

8013 N.W. 108TH AVENUE  
TAMARAC FL 33321

Mailing Address

8013 N.W. 108TH AVENUE  
TAMARAC FL 33321

2. Principal Place of Business

5098 NW 37<sup>th</sup> AVE

3. Mailing Address

5098 NW 37<sup>th</sup> AVE

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

65-0816888

Applied For

Not Applicable

Zip

Country

33309

USA

Zip

Country

33309

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, BEN J  
8013 N.W. 108TH AVENUE  
TAMARAC FL 33321

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE	BB	<input type="checkbox"/> Delete
NAME	BALDWIN, BEN J	
STREET ADDRESS	8013 N.W. 108TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	BB	<input type="checkbox"/> Delete
NAME	BALDWIN, BEN J	
STREET ADDRESS	8013 N.W. 108TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, BEN J	
STREET ADDRESS	5098 NW 37 <sup>th</sup> AVE SUITE B	
CITY-ST-ZIP	TAMARAC FL 33309	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES BALDWIN, KIMBERLY	
STREET ADDRESS	5098 NW 37 <sup>th</sup> AVE SUITE B	
CITY-ST-ZIP	TAMARAC FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Signature of Ben J. Baldwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 (954) 718-0008  
Date Daytime Phone #

CR2E034 (3/00)