

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051768

1. Entity Name

SIGNCRAFT BROTHERS, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90120 038 ***150.00

Principal Place of Business

RT 11 BOX 36118
LAKE CITY FL 32024

Mailing Address

RT 11 BOX 36118
LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3520654

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

JOHNSON, JAMES E JR.
RT 17 BOX 1888
LAKE CITY FL 32055

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES E JR	
STREET ADDRESS	RT 17 BOX 1888	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ETTER, MATT	
STREET ADDRESS	RT 5 BOX 881-7	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, DEAN	
STREET ADDRESS	RT 17 BOX 1940	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES E	
STREET ADDRESS	RT 17 BOX 1846	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WELSH, RANDALL J	
STREET ADDRESS	RT 11 BOX 18	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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

4/27/01
Date

(384) 755-4224
Daytime Phone #