

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 an
Secretary of State**

02-08-2000 90160 006 ***150.00

DOCUMENT # P98000065048

1. Entity Name

DIEGO'S SIGNS, INCORPORATED

Principal Place of Business

**3435 ENTERPRISE AVE..UNIT 45
NAPLES FL 34104**

Mailing Address

**3435 ENTERPRISE AVE..UNIT 45
NAPLES FL 34104-3626**

2. Principal Place of Business

**905 Airport Rd N.
Suite, Apt. #, etc.
Naples, FL**

3. Mailing Address

**905 Airport Rd N.
Suite, Apt. #, etc.
Naples, FL**

City & State

34104

City & State

34104

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0856508

Applied F

Not Appli

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

6. Name and Address of Current Registered Agent

**ORTA, ANGELA S
3435 ENTERPRISE AVE..UNIT 45
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

ORTA, DIEGO J.

Street Address (P.O. Box Number is Not Acceptable)

905 Airport Rd N.

City

Naples, FL 34104**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

2-2-009. 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
Added to F**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTA, DIEGO J	
STREET ADDRESS	6184 WOODSTONE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ORTA, ANGELA S	
STREET ADDRESS	6184 WOODSTONE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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

Date

Daytime Phone #

2-2-00 941-435-129