

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083383

1. Entity Name
P.J. SIGN SYSTEMS, INC.

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90135 017 ***150.00

Principal Place of Business
1019 SHERI BLVD.
SOUTH DAYTONA FL 32119

Mailing Address
P.O. BOX 9303
DAYTONA BEACH FL 32120-9303
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3536735

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

WEHMEYER, DAVID E
435 S. RIDGE WOOD AVE
203
DAYTONA BEACH FL 32114

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, 2002 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 NAME ☒ Delete
P
HATCHER, C V
STREET ADDRESS 1505 GRANADA AVE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE NAME ☒ Change ☐ Addition
PRES
LYDDANE, Nicholas T. III
STREET ADDRESS 1152 BRADENTON RD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE NAME ☐ Delete
VP
LYDDANE, NICHOLAS T III
STREET ADDRESS 1152 BRADENTON RD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE NAME ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE NAME ☐ Delete

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE NAME ☐ Delete

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE NAME ☐ Delete

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

CITY-ST-ZIP

TITLE NAME ☐ Delete

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

Nicholas T. Lyddane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02
Date

386-212-3131
Daytime Phone #

CR2E034 (9/01)