

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100555

1. Entity Name

IMAGES + SIGNS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90016 032 ***150.00

Principal Place of Business

Mailing Address

9409 U.S. 19TH NORTH
SUITE 103
PORT RICHEY FL 34668

9409 U.S. 19TH NORTH
SUITE 103
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

6741 Industrial Ave

6741 Industrial Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL

City & State

Port Richey, FL

4. FEI Number

59-3545709

Applied For

Not Applicable

Zip

Country

34668

USA

Zip

Country

34668

USA

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2000 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	BARONE, ROSE	
STREET ADDRESS	9409 U.S. 19TH NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOVELY, CHERYL	
STREET ADDRESS	9409 U.S. 19TH NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOHR, ROSE	
STREET ADDRESS	9409 U.S. 19TH NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOHR, STEVEN	
STREET ADDRESS	9409 U.S. 19TH NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KUSS, GERALD	
STREET ADDRESS	9409 U.S. 19TH NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6741 Industrial Ave.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6741 Industrial Ave
CITY-ST-ZIP	
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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 and all other like empowered.

SIGNATURE:

GERALD E KUSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
727-841-7743
1-18-00
Daytime Phone #

CR2E034 (9/99)