

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000100555**1. Entity Name  
IMAGES + SIGNS, INC.

## Principal Place of Business

6741 INDUSTRIAL AVE

PORT RICHEY

34668

FL

## Mailing Address

6741 INDUSTRIAL AVE

PORT RICHEY

34668

FL

## 2. Principal Place of Business

8742 U.S. 19

## 3. Mailing Address

8742 U.S. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

PORT RICHEY

FL

## City &amp; State

PORT RICHEY

FL

## 4. FEI Number

59-3545709

Applied For

Not Applicable

Zip

34668

Country

Zip

34668

Country

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES

33134

US

FL

## 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)

01/08/2001

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	KUSS GERALD	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOHR STEVEN	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOHR ROSE	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOVELY CHERYL	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARONE ROSE	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:** Gerald E Kuss

ST

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)