


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91148 004 ***150.00

0066342 AV

DOCUMENT # P99000007112	
1. Entity Name TOM PAUX SIGN COMPANY	

Principal Place of Business 280 HANCOCK LANE PENSACOLA FL 32503	Mailing Address 280 HANCOCK LANE PENSACOLA FL 32503
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2. Principal Place of Business 5450 W. Spencerfield Rd. Suite, Apt. #, etc.	3. Mailing Address SAMY Suite, Apt. #, etc.
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City & State MILTON, FL	City & State FL
Zip 32571-7391	Country SAMTH ROSA

4. FEI Number 59-3551477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent PAUX, TOM 280 HANCOCK LANE PENSACOLA FL 32503	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUX, TOM		NAME 5450 SPENCERFIELD RD.	
STREET ADDRESS 280 HANCOCK LANE		STREET ADDRESS MILTON, FL 32571	
CITY-ST-ZIP PENSACOLA FL 32503		CITY-ST-ZIP MILTON, FL 32571	
TITLE SD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEMPA, LUCY C		NAME PAUX, LUCY C	
STREET ADDRESS 280 HANCOCK LANE		STREET ADDRESS 5450 SPENCERFIELD RD.	
CITY-ST-ZIP PENSACOLA FL 32503		CITY-ST-ZIP MILTON, FL 32571	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 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	Date 4-30-03	Daytime Phone # 850-999-3220
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CR2E034 (10/02)