

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90079 050 ***150.00

DOCUMENT # P99000012142

1. Entity Name

ISLAND SIGNS, INC.

Principal Place of Business

3367 S. MILITARY TRAIL
 LAKE WORTH FL 33463

Mailing Address

3367 S. MILITARY TRAIL
 LAKE WORTH FL 33463

CHANGE OF ADDRESS

710551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2944 Forest Hill Blvd

3. Mailing Address

2944 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Springs, FL

City & State

Palm Springs, FL

4. FEI Number

65-0894213

Applied For

Not Applicable

Zip

33406

Country

USA

Zip

33406

Country

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

DIXON, PHIL

3367 S. MILITARY TRAIL
 LAKE WORTH FL 33463

2944 Forest Hill Blvd
 Palm Springs, FL
 33406

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 DIXON, PHIL
 3367 S. MILITARY TRAIL
 LAKE WORTH FL 33463

☐ Delete

2944 Forest Hill Blvd
 Palm Springs, FL
 33406

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/01

Date

561-432-7747

Daytime Phone #

CR2E034 (10/00)