

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90102 020 ***150.00

DOCUMENT # P99000032295

1. Entity Name

SIGN TECH, INC.

Principal Place of Business

2926 EDGEWOOD LANE
SARASOTA FL 34231

Mailing Address

POST OFFICE BOX 18402
SARASOTA FL 34276-1402

2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

SARASOTA FL

4. FEI Number

65-0903820

Applied For

Not Applicable

Zip

Country

Zip

34231

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

HAMPTON, JAMES S
2926 EDGEWOOD LANE
SARASOTA FL 34231

Name

CATHERINE L. ASTONSKAS

Street Address (P.O. Box Number is Not Acceptable)

5900 SOUTH TAMiami TRAIL

City

SARASOTA

FL

Zip

34231

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

Catherine L. Astoniskas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D

HAMPTON, JAMES S
2926 EDGEWOOD LANE
SARASOTA FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIPLIST

HAMPTON, JAMES S.
2926 EDGEWOOD LANE
SARASOTA FL 34231

☒ Change ☒ Addition

TITLE
NAME
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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:

James S. Hampton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-00

CR2E034 (9/99)