

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90395 030 ***150.00

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DOCUMENT # P990000032295

1. Entity Name

SIGN TECH, INC.



Principal Place of Business
**2908 HYDE PARK STREET
SARASOTA FL 34239**

Mailing Address
**5900 S TAMiami TRAIL
SUITE I
SARASOTA FL 34231
US**

2. Principal Place of Business

14499 SE 175th Street
Suite, Apt. #, etc.

3. Mailing Address

14499 SE 175th STREET
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

WEIRSDALE FL

Zip

32195

Country

USA

City & State

WEIRSDALE FL

Zip

32195

Country

USA

4. FEI Number

65-0903820

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASTRONSKAS, CATHERINE L
5900 S TAMiami TRAIL
SUITE I
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **CATHERINE L. TRACY**
Street Address (P.O. Box Number is Not Acceptable)
5900 S. TAMiami TRAIL
SUITE I
City **SARASOTA** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Catherine L. Tracy**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **HAMPTON, JAMES S**
STREET ADDRESS **PO BOX 18402**
CITY-ST-ZIP **SARASOTA FL 34216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **HAMPTON, JAMES S.**
STREET ADDRESS **14499 SE 175th STREET**
CITY-ST-ZIP **WEIRSDALE, FL 32195**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)