

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033045

1. Entity Name

CLEAR DIRECTION SIGNS & SIGNALS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90044 016 ***150.00

Principal Place of Business

Mailing Address

799 BENNETT DRIVE
LONGWOOD FL 32752

799 BENNETT DRIVE
LONGWOOD FL 32750-7591

2. Principal Place of Business

2801 W AIRPORT BLVD

3. Mailing Address

2801 W AIRPORT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD FL

4. FEI Number

59-3570705

Applied For

Not Applicable

Zip

32771

Country

US

Zip

32771

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHALIN, LAWRENCE J
225 E. ROBINSON ST. STE. 600
ORLANDO FL 32801

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)

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BURKETT, PATRICIA A	
STREET ADDRESS	799 BENNETT DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32752	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKETT, RONALD J	
STREET ADDRESS	799 BENNETT DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32752	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 W. AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 W. AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID M. BEASLEY	
STREET ADDRESS	2801 W. AIRPORT BLVD	
CITY-ST-ZIP	SANFORD, FL 32771	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 302-4225

CR2E034 (9/99)