

2002 UNIFORM BUSINESS REPORT (UBR)

0008510 AV

DOCUMENT # **P99000035840**

1. Entity Name
SIGN CENTER OF CENTRAL FLORIDA, INC.

FILED

02 JUL 30 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

4636 old winter Garden Rd
Suite, Apt. #, etc.

← Same
Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number **59-3568770**

Applied For
Not Applicable

Zip **32811** Country

Zip Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **Kenneth W. Soday**
Street Address (P.O. Box Number is Not Acceptable)
4636 old winter Garden Rd
City **Orlando** **FL** Zip Code **32811**

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 **X** **[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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **SODAY, KENNETH W**
CITY-ST-ZIP **118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4636 old winter Garden Rd**
CITY-ST-ZIP **Orlando FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

SIGN CENTERS USA

ELECTRICAL • COMMERCIAL • ARCHITECTURAL

P99000035840

To whom it may concern,

At the time this was to be taken care of I had a bookkeeper named Wanda whom is no longer with the company. She specifically told me this was taken care of. My CPA informed me recently that it was not. Please let me know if there is anything else I need to do.

Thank you,



Kenneth Soday
President