

2000 UNIFORM BUSINESS REPORT (UBR)

5/1
5/31

FILED
Jul 11, 2000 8:00 am
Secretary of State
05-31-2000 90025 003 ***150.00

DOCUMENT # P99000042271

1. Entity Name

C.R. SIGNS & LETTERING, INC.

Principal Place of Business

474 RIVER DRIVE
DEBARY FL 32713

Mailing Address

474 RIVER DRIVE
DEBARY FL 32713-9711

2. Principal Place of Business

318 S HWY 17-92

3. Mailing Address

318 S HWY 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Debarry FL

City & State

Debarry FL

4. FEI Number

59-357-8577

Applied For

Not Applicable

Zip

32713

Country

America

Zip

32713

Country

America

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORTON, RICHARD L
474 RIVER DRIVE
DEBARY FL 32713

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 Richard Dorton

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

(NOTE: Registered Agent Signature Required when renewing)

DATE

6-30-00

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. ☐

\$3.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President Caroline Dorton ☐ Delete
NAME
STREET ADDRESS 474 River Dr
CITY-STATE-ZIP Debarry FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Caroline Dorton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caroline Dorton / Richard Dorton

5/1/00 407-668-7762
Date Daytime Phone

CR2E034 (9/99)