2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

with all other

Apr 22, 2002 8:00 am Secretary of State P99000052998 DOCUMENT # 1. Entity Name 04-22-2002 90275 027 ***150.00 CHEAP BANNERS & SIGNS CENTRAL, INC. Principal Place of Business Mailing Address 2580 B 54TH AV5 N -> .2550-B_54TH_AVE N -SAINT PETERSBURG FL 33714 SAINT PETERSBURG FL 33714 5502 HAINES ROAD 5502 HAMES ROAD 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3584823 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent-ANDERSON, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 2240-407H AVENUE NORTH 5502 HAINES RD ST. PETERSBURG, FL. Zip Code FL egistered office or registered agent, or both, in the State of Florida. 8. The above named ent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME ANDERSON, KENNETH R NAME STREET ADDRESS 2246 40TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33714 ☐ Delete TITLE ☐ Change ☐ Addition TITLE FELLER, CHRISTINE L NAME STREET ADDRESS STREET ADDRESS 1601 70TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33702 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME GERMAINE, LAURA J STREET ADDRESS 408 36TH AVENUE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the r

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