

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000064980*

1. Entity Name

Lockwood SIGN GROUP, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

6225 Old Concord Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Charlotte NC

City & State

Zip
28213

Country
USA

Zip

Country

4. FEI Number

582526341

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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 *Deborah D. Skipper*

Deborah D. Skipper
Asst. Secretary

8/22/01

Signature, typed or printed name of registered agent and fee, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Director* ☒ Delete
NAME *William J. Bradner*
STREET ADDRESS *5029 Edgewater Drive*
CITY-ST-ZIP *Orlando FL 32810*

TITLE *President / Director* ☐ Change ☒ Addition
NAME *James C. Taylor*
STREET ADDRESS *6225 Old Concord Road*
CITY-ST-ZIP *Charlotte NC 28213*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice President/Treasurer/Secretary* ☐ Change ☒ Addition
NAME *Bill Lunsford*
STREET ADDRESS *6225 Old Concord Road*
CITY-ST-ZIP *Charlotte NC 28213*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Bill Lunsford* Bill Lunsford

8/21/01 (704) 548-1931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

FILED
01 AUG 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA