2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000065207



Apr 17, 2003 8:00 am 5 Secretary of State

1. Entity Nam SIGNAGE						04-17-2003 90	0164 014 ***150).00	
Principal Plac 1106 MURRAY JACKSONVILL	ORIVE	s	Mailing Address 1106 MURRAY DRIVE JACKSONVILLE FL 32200	5					
2. Principal P	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF	MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3603831		pplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	S8.75 Ad Fee Require	ditional		
	6. Name	and Address of Current	Registered Agent	· 		7. Name and Address of New Reg	istered Agent		
				Nar	me				
LEADBEATER, SUSAN W				Stre	Street Address (P.O. Box Number is Not Acceptable)				
1106 MURRAY DRIVE JACKSONVILLE FL 32205									
				City	у		FL Zip Cod	de	
	named entity ions of regist		or the purpose of changing its	s registered offic	ce or registere	ed agent, or both, in the State of Florid	da. I am familiar with,	and accept	
SIGNATURE .	Cianoturo based	or printed name of egistered agent	AND THE PROPERTY OF THE PROPER		aignoturoisade		DATE	}	
	Signature, typed	or burico name or sefficione edeur	and little if applicable. (1901	E: Registered Agent	signature reduxeo	when reinstating)	DAIL		
FI	ILE NOW!!	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of		E: Hegistered Agent	Signature required	9. Election Campaign Finan Trust Fund Contribution.	 ncing _ : \$5.0	00 May Be d to Fees	
FI After Make Check	ILE NOW!!	! FEE IS \$150.00 IS Fee will be \$550.00 Florida Department of	f State		Signature required	9. Election Campaign Finan Trust Fund Contribution.	icing : \$5.0	d to Fees	
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12. 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. Lfurther 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: