## 2000 UNIFORM BUSINESS REPORT: (UBR)

## FILED DOCUMENT # P99000079403 Jun 05, 2000 8:00 am SIGNS NOW BRAZIL CORPORATION **Secretary of State** 05-15-2000 90252 030 \*\*\*150.00 Principal Place of Business Mailing Address 4900 MANATEE AVENUE WEST. SUITE 201 4900 MANATEE AVENUE WEST, SUITE 201 **BRADENTON FL 34209-3859 BRADENTON FL 34209** 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. FEL Number Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEYER, DAVID A Street Address (P.O. Box Number is Not Acceptable) .C/O.RUDNICK.&.WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA FL 33602 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing regulrement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CKK. SIMB ☐ Addition TITLE ☐ Change TITLE ☐ Delete EVANS, MURRY J NAME NAME 4900 MANATEE AVENUE WEST, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ✓ Addition PSCO ☐ Change TITLE TITLE □ Delete NAME MICHAEL L. ETCHIESON 4900 MANATEE AVE WEST SUITE 201 NAME STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. of the corporation or the received changed, or on an attachment with an address Michael Etch. 4503