

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90002 042 ***150.00

DOCUMENT # V19507

1. Entity Name
RON THE SIGN MAN, INC.

Principal Place of Business

~~10012 NAVARRE PKWY~~
10012 NAVARRE PKWY
FL 32566-1209
US

Mailing Address

~~10012 NAVARRE PKWY~~
10012 NAVARRE PKWY
FL 32566-1209
US

2. Principal Place of Business

10016 Navarre Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

10016 Navarre Pkwy
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3116390

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YRIGOYEN, RONALD LEE
~~10012 NAVARRE PKWY~~
10012 NAVARRE PKWY
FL 32566

Name

Street Address (P.O. Box Number is Not Acceptable)

10016 Navarre Pkwy

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

Signature, typed or printed name of registered agent and title 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D YRIGOYEN, RONALD LEE 10012 NAVARRE PKWY 10012 NAVARRE PKWY FL 32566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	10016 Navarre Pkwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)