## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## V26136 **DOCUMENT #**

1. Entity Name

CNS SIGNS, INC.



**FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90247 040 \*\*\*158.75

GO WE THE

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  State Address of New Registered Agent  Name  State Address of New Registered Agent  Name  State Address of New Registered Agent  Name  State Address of New Registered Agent  City FL Zip Code  City FL Zip Code  City FL Zip Code  The obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature Especially Symbol to prince of agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		G WE IN	
Subs. Apt. 4, etc.   Guardes   Guard	Principal Place of Business 1913-4 ST AUGUSTINE RD ACKSONVILLE FL 32207 US		5913-4 ST AUGUSTINE RD JACKSONVILLE FL 32207		
City & State  Ci	Principal Place of Business		3. Mailing Address		
City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Size of Address of Status Desired  Size of Address of New Registered Agent  Name  Sireet Address of	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  Name  Street Address (P.O. Box Number in Not Acceptable)  Street Address (P.O. Box Number in Not Acceptable)  City  FL 2tp Code  Street Address (P.O. Box Number in Not Acceptable)  Date  Street Address (P.O. Box Number in Not Acceptable)  Date  Street Address (P.O. Box Number in Not Acceptable)  City  FL Number in Not Acceptable)  Street Address (P.O. Box Number in Not Acceptable)  City  FL Number in Not Acceptable)  City  FL Number in Not Acceptable)  Street Address (P.O. Box Number in Not Acceptable)  Date  Street Address (P.O. Box Number in Not Acceptable)  City  FL Number in Not Acceptable)  Street Address (P.O. Box Number in Not Acceptable)  Date  Street	City & State		City & State		Not Applicable
BRINGLE, KENNETH P. 10950 READING ROAD JACKSONVILLE FL 32257  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL State address (P.C. Sox Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL State address (P.C. Sox Number is Not Acceptable)  City FL Xip Code  City FL Zip Code  City FL Xip	Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
BRINGLE, KENNETH P.  10950 READING ROAD  JACKSONVILLE FL 32257    City   FL   Zip Code		6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
BRINGLE, KENNETH P. 10950 READING ROAD  JACKSONVILE FL 32257  3. 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. I am familiar with, and accept me collipsions of registered agent.  SIGNATURE  Signature, types or street name of registered agent and the displicable. (NOTE Registered Agent Regist				Name	
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or posts, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent, or both, in the State of Florida. I am familiar with, and accept the cologistories of registered agent. In the State of Florida agent, and accept the cologistories of registered agent. In the State of Florida agent age	-			Street Address	
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SIGNATURE    Signature   Signa				1	II
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  Nake Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    PRINGLE, KENNETH P   Delate   ITILE	the obligation	ons of registered agent.			
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to the state of the the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-7IP				
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I nereby certify that the information supplied with this filling goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or supplierental 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 reodired 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, withyall-other like empowered.

**SIGNATURE:**