2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # V43227 Mar 08, 2000 8:00 am Secretary of State 1. Entity Name LICKITY-SPLIT SIGN SHOP, CORP. 03-08-2000 90065 008 ***150.00 Principal Place of Business Mailing Address 691 N COURTENAY 691 N COURTENAY STE B **660160000** MERRITT ISLAND_FL_32953. MERRITT ISLAND FL 32953-4753 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3130199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EFSTATHIOU, KAREN A. Street Address (P.O. Box Number is Not Acceptable) 475 CARRIOCA COURT **MERRITT ISLAND FL 32953** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550:00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE EFSTAHIOU. NICK NAME NAME 475 CARRIOCA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE EFSTAHIOU, KAREN A. NAME NAME **475 CARRIOCA COURT** STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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). For Significant certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the composition or the receiver of his state ampowered it execute this report as required by Chapter 607. Fig. 13. I supplementation of the composition or the receiver of his state ampowered it execute this report as required by Chapter 607. Fig. 13. I supplementation and all other like employed. of the corporation or the rec changed, or on an attachme dress, with all of er like empowe

Daytime Phone #