

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43227

1. Entity Name

LICKITY-SPLIT SIGN SHOP, CORP.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90067 036 ***150.00

906315



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
691 N COURTENAY STE B MERRITT ISLAND FL 32953 US	691 N COURTENAY STE B MERRITT ISLAND FL 32953 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3130199	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EFSTATHIOU, KAREN A. 475 CARRIOGA COURT MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1264 PINE ISLAND RD.
City
MERRITT ISLAND
FL
Zip Code
32953

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	D
NAME	EFSTATHIOU, NICK
STREET ADDRESS	475 CARRIOGA COURT
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D
NAME	EFSTATHIOU, KAREN A.
STREET ADDRESS	475 CARRIOGA COURT
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1264 PINE ISLAND RD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1264 PINE ISLAND RD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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), 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:	NICK EFSTATHIOU	1/17/2001	321-459-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)