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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

Sep 19, 2003 8:00 am Secretary of State V47243 **DOCUMENT #** 09-19-2003 90001 006 ***150.00 GARY'S QUALITY SIGNS, INC. Principal Place of Business Mailing Address GARY'S QUALITY SIGNS INC GARY'S QUALITY SIGNS INC 612 FERN AVE 612 FERN AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3131866 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARLER, KIMBERLY M Street Address (P.O. Box Number is Not Acceptable) 5864 WOODPOINT TERRACE PORT ORANGE FL 32124 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE FARLER, KIMBERLY M NAME NAME 5864 WOODPOINT TERR. STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -TITLE - Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS .. City-st-zip CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

KIMBERLY M FARLER

*386-257-34*33

ATTACHMENT # 47243 10/11545 9/11/03 Division of Corporations Uniform Business Report Filings P.O. Ber 1500 Jallahasue, Il. 32302-1500 RE: Uniform Business Report To whom It May Contain! Please be informed that the enclosed report 15 the only exe we have received and it has only just arrived. Have searched diligettle for another notice decen in toxch with our fortingster or to why some of our mail has being delayed for as long as (5) juic months. The append me the explaintive that multiple deliver personal have been involved and some mail was put in a "Bin" undelivered. That may armagent the only one we have received to date. called immediately and spoke with tula at 850-245-6059 and She instructed me to Januard this information to you ASAP A any questions, segase notify us right away at 1888- 357-7444 - Xary Quality Signs L. a. Vauefo for Finberly M. Farler