

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064980
 Entity Name

Lockwood SIGN GROUP, INC

FILED

01 AUG 22 PM 3:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business <u>6225 Old Concord Rd</u> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <u>Charlotte NC</u>	City & State
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Zip <u>28213</u>	Country <u>USA</u>	Zip	Country
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4. FEI Number <u>582526341</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 Deborah D. Skipper Deborah D. Skipper 8/22/01
Signature, typed or printed name of registered agent and, 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 \$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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>William J. Bradner</u> <u>5029 Edgewater Drive</u> <u>Orlando FL 32810</u>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President / Director</u> <u>James C. Taylor</u> <u>6225 Old Concord Road</u> <u>Charlotte NC 28213</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President/Treasurer/Secretary</u> <u>Bill Lunsford</u> <u>6225 Old Concord Road</u> <u>Charlotte NC 28213</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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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~~08/28/01-01000-019~~
 ****550.00 ****550.00

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: Bill Lunsford Bill Lunsford 8/21/01 (704) 548-1931
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/00)