

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90090 041 ***150.00

DOCUMENT # H18229

1. Entity Name
SIGNCRAFT PUBLISHING CO., INC.

Principal Place of Business

**10271 DEER RUN
 FARMS RD
 FORT MYERS FL 33912
 US**

Mailing Address

**PO BOX 60031
 FORT MYERS FL 33906
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2443466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCILTROT, THOMAS
 3960 ELLIS RD
 FORT MYERS FL 33905**

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

Signature, typed or printed name of registered agent and title 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, 2002 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	DT	☐ Delete
NAME	MCILTROT, THOMAS	
STREET ADDRESS	3960 ELLIS RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	P	☐ Delete
NAME	MCILTROT, WILLIAM	
STREET ADDRESS	3950 ELLIS ROAD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	☐ Delete
NAME	MCILTROT, DENNIS	
STREET ADDRESS	4600 ORANGE RIVER LOOP RD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	V	☐ Delete
NAME	MCILTROT, JOHN	
STREET ADDRESS	4070 WILLIAMSON ROAD	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

William G. McIlrot

WILLIAM G. MCILTROT

4/4/02

941-

939-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)