

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90142 021 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2443466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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

11. 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
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CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L. McQuinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 239-939-4644
Date Daytime Phone #

CR2E034 (10/02)