

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90152 021 ***150.00

0505979

DOCUMENT # M39955

1. Entity Name
SIGNAL MAINTENANCE, INC.

Principal Place of Business Mailing Address
 P.O. BOX 162434 P O BOX 290247
 MIAMI FL 33116-2434 DAVIE FL 33329-247
 US US

2. Principal Place of Business 3. Mailing Address
7450 N.W. 87 Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL ~~FL~~
 Zip Country Zip Country
33178 **USA**

4. FEI Number Applied For
59-2723092 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TINA TURNER CPA ESQ.
9485 SUNSET DRIVE
SUITE A-230
MIAMI FL 33173

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, MILLARD	
STREET ADDRESS	693 NW 133 WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, MARILYN	
STREET ADDRESS	693 NW 133 WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Marilyn Baker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 954-846-8810
 Date Daytime Phone #

CR2E034 (10/00)