

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90071 024 ***168.75

CR2E034 (10/02)

DOCUMENT # P01000105176

1. Entity Name
SIGNATURE FLOORING BY S INC.



Principal Place of Business
**10186 MIKADO LN
ROYAL PALM BCH FL 33411**

Mailing Address
**10186 MIKADO LN
ROYAL PALM BCH FL 33411**



2. Principal Place of Business
**1100 NORTH
Suite, Apt. #, etc. Suite F
Florida mango RD.
City & State WPRB FL
Zip 33409 Country USA**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

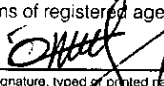
6. Name and Address of Current Registered Agent
**ONGEL, AHMET
10186 MIKADO LN
ROYAL PALM BCH FL 33411**

4. FEI Number **65-1155092** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name **OZCAN ONGEL**
Street Address (P.O. Box Number is Not Acceptable)
**10186 MIKADO LANE
ROYAL PALM BEACH**
City **FL** Zip Code **33411**

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  DATE **2-4-03**

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

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 V/T NAME STREET ADDRESS CITY-ST-ZIP | D ONGEL, AHMET 10186 MIKADO LN ROYAL PALM BCH FL 33411 <input type="checkbox"/> Delete |
| TITLE P NAME STREET ADDRESS CITY-ST-ZIP | ONGEL OZCAN 10186 MIKADO LANE ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete |
| TITLE C NAME STREET ADDRESS CITY-ST-ZIP | KARAVEL ZIVBER 1360 MADISON CHASE APT 4 WPRB FL 33411 <input type="checkbox"/> Delete |
| TITLE S NAME STREET ADDRESS CITY-ST-ZIP | Feyman Demire 2731 N Andrews Ave APT C-7 Fort Lauderdale FL 33310 <input type="checkbox"/> Delete |
| TITLE T NAME STREET ADDRESS CITY-ST-ZIP | Kirsten Ongel 10186 MIKADO LANE ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **NATURE REQUIRED** DATE **2-4-03** DAYTIME PHONE # **561-616-9880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR