2002 UNIFORM BUSINESS REPORT (UBR)

Jul 22, 2002 8:00 am Secretary of State DOCUMENT # 390080 1. Entity Name 07-22-2002 90155 022 ***550 00 SIGNAL INVESTMENTS, INC. Principal Place of Business Mailing Address R0130500 10731 SE RIVER RIDGE CT 10731 SE RIVER RIDGE CT. TEQUESTA FL 33469 TEQUESTA FL 33469 us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1446476 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPELAND, ANN G Street Address (P.O. Box Number is Not Acceptable) 10731 SE RIVER RIDGE CT. TEQUESTA FL 33469 . . City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition COPELAND, DON L NAME NAME STREET ADDRESS 10731 SE RIVER RIDGE CT. STREET ADDRESS CITY-ST-ZIP **TEQUESTA FL** CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change ■ Addition COPELAND, ANN G STREET ADDRESS 10731 SE RIVER RIDGE CT. STREET ADDRESS CITY-ST-ZIF TEQUESTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 occurate 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 tryace empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

AND 6. COOKAND 1-16-02

(4/02)

FILED