2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

FILED Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # J59561 1. Entity Name 03-25-2002 90156 002 ***150 SIGNATURE DESIGN & DEVELOPMENT, INC. Mailing Address Principal Place of Business P.O. BOX 943 2747 ORCHID OAKS DRIVE B0048958 OSPREY FL 34229-0943 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address 3718 SANDSPUR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0057810 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LATTMANN, STEPHEN E MR. Street Address (P.O. Box Number is Not Acceptable) 2747 ORCHID OAKS DRIVE 102A SARASOTA FL 34239 s statement for the p zose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity s **Ş**İGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME Lattmann, stephen e. 3713 SAND SPUR LA. STREET ADDRESS STREET ADDRESS 2747 ORCHID OAKS DR. NOKOHIS, FL 34275 CITY-ST-ZIF CITY-ST-ZIP SARASOTA FL 34239 ☐ Change Addition ☐ Delete TITLE TITLE DST NAME CRAMER, LAWRENCE D MR. NAME STREET ADDRESS 2747 ORCHID OAKS DRIVE - 102A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 employment to execute this receiver as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if