

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13235

1. Entity Name

Signature Realty & Development, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

232 S. Dillard Street

3. Mailing Address

232 S. Dillard Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Garden, Florida

City & State

Winter Garden, Florida

4. FEI Number

59-2967179

Applied For

Not Applicable

Zip

34787

Country

United States

Zip

34787

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Clifford B. Shepard, III

Street Address (P.O. Box Number is Not Acceptable)

221 N.E. Ivanhoe Boulevard Avenue, Suite 205

City Orlando

FL

Zip Code
32804

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
NADLER, JOHN (DELETE AS PRESIDENT)
2584 SOUTH MAGUIRE ROAD
OCOE, FLORIDA 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900023366509
09/26/03--01072--026 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCINTYRE, THOMAS E. (ADD P, DC, ST)
11230 LAKE BUTLER BLVD.
WINDERMERE, FLORIDA 34786

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/03

CR2E034B (12/02)