2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2001 8:00 am DOCUMENT # P00000026449 **Secretary of State** 1. Entity Name SIGNATURE CUSTOM WOODWORKING, INC. 02-13-2001 90583 011 ***150.00 Principal Place of Business Mailing Address 18474 OLD PRINCETON LANE 18474 OLD PRINCETON LANE **BOCA RATON FL 33498 BOCA RATON FL 33498** (TO FOT 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANAN, CYNTHI Street Address (P.O. Box Number is Not Acceptable) 18474 OLD PRINCETON LANE **BOCA RATON FL 33498** Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME DANAN, SHALOM NAME STREET ADDRESS STREET ADDRESS 18474 OLD PRINCETON LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Change ☐ Addition TITLE ☐ Delete TITLE NAME DANAN, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 18474 OLD PRINCETON LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Change - Addition Delete TITLE TITLE 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 ☐ Change ☐ Addition TITLE ☐ Defete 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-7IP CITY-ST-7IP 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.

CYNTHIA DANA 2/10/01