## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000053254 **DOCUMENT #**

1. Entity Name



## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90274 037 \*\*\*150.00

SIGIN CO	LLECTION, INC.					
Principal Place of Business 3333 GRIFFIN RD FORT LAUDERDALE FL 33312 US		Mailing Address 3333 GRIFFIN RD FORT LAUDERDALE FL 33312 US				
2. Principal Place of Business		3. Mailing Address		-4 1 7 8 8110 84 174 8 8 174 8 8 174 7 8 174 8 8 174 8 8 174 8 8 174 8 8 174 8 8 174 8 8 174 8 8 174 8 8 17		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1017768	Applied For Not Applicable	
Zip	Country	Zip	Country		3.75 Additional e Required	
<u> </u>	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Ag		
			Name	Name		
TAISLER, RICHARD 3333 GRIFFIN RD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33312				1	<u> </u>	
			City	FL.	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 an	d title if applicable. (NOTE	: Registered Agent signature required	d when reinstating) DATE		
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 D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taisler, Richard 3333 Griffin RD Fort Lauderdale FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP