

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90223 015 ***150.00

019473 AV

DOCUMENT # P00000059643

1. Entity Name
SIGNCURVE, INC.



Principal Place of Business
**9123 PHILIPS GROVE TERRACE
ORLANDO FL 32836**

Mailing Address
**9123 PHILIPS GROVE TERRACE
ORLANDO FL 32836**



2. Principal Place of Business
500 E. SEMORAN BLVD.

3. Mailing Address

Suite, Apt. #, etc.

1, REGENCY SQUARE

Suite, Apt. #, etc.

City & State

CASSELBERRY

City & State

4. FEI Number

59-3654076

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

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 and title if applicable.

(NOTE: Registered Agent signature required 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 DIRECTORS

TITLE **PD** ☒ Delete
NAME **PATANGE, VINAY B**
STREET ADDRESS **9123 PHILIPS GROVE TERRACE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **VSTD** ☒ Delete
NAME **PATANGE, PRATIBHA V**
STREET ADDRESS **9123 PHILIPS GROVE TERRACE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **PATANGE, PRATIBHA V**
STREET ADDRESS **9123 PHILIPS GROVE TERRACE**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

PRESIDENT, CEO

3/5/03

407.310.0157.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)