

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90988 002 ***150.00

DOCUMENT # P00000100150

1. Entity Name
SIGNATURE GROUP HOME, INC.



Principal Place of Business
**14156-79TH COURT NORTH
LOXAHATCHEE, FL 33470**

Mailing Address
**P.O. BOX 30681
LAKE PARK, FL 33403**

00000150

2. Principal Place of Business

3. Mailing Address
P.O. BOX 4347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH/FL

Zip

Country

33402

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1051961

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, MICHAEL
14156-79TH COURT NORTH
LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

A. 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 **MICHAEL ROSENTHAL** DATE **4-4-03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when establishing)

DATE

1. Filing Fee: \$100.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENTHAL, MICHAEL 14156 79TH COURT NORTH LOXAHATCHEE, FL 33470	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE: **MICHAEL ROSENTHAL** DATE **4-4-03** (561)-722-0173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2034 (10/02)