

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90121 048 ***150.00

2003114 AN

DOCUMENT # P01000006117

1. Entity Name
DIGISIGN, INC.



Principal Place of Business
3202 MORNING GLORY CT. STE 201
PALM BEACH GARDENS FL

Mailing Address
3202 MORNING GLORY CT. STE 201
PALM BEACH GARDENS FL



2. Principal Place of Business
3204 MORNING GLORY CT.
Suite, Apt. #, etc.
SUITE 110

3. Mailing Address
3204 MORNING GLORY CT.
Suite, Apt. #, etc.
SUITE 110

☒ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS, FL
Zip
33410
Country
USA

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Zip
33410
Country
USA

4. FEI Number 65-1070931
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBOSA, CARLOS J
3202 MORNING GLORY CT, STE 201
PALM BEACH GARDENS FL

7. Name and Address of New Registered Agent

Name BARBOSA, CARLOS J.
Street Address (P.O. Box Number is Not Acceptable)
3204 MORNING GLORY CT SUITE 110
City PALM BEACH GARDENS FL Zip Code 33410

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 * NAME STREET ADDRESS CITY - ST - ZIP	D BARBOSA, CARLOS J 3202 MORNING GLORY CT, STE 201 PALM BEACH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/03 (561) 691 6642

Date

Daytime Phone #

CR2E034 (10/02)