2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000010399 **DOCUMENT #**

1. Entity Name

SIGNATURE STAFFING SOLUTIONS, INC.



May 01, 2003 8:00 am 3 Secretary of State

05-01-2003 90824 047 ***150.00

		,	1	/		TIES .						
Principal Plac	e of Business	Mailing	Address		J							
2301 PARK A			ARK AVENUE									
SUITE-206- 5		-	206 -301			1						
ORANGE PAR	K FL 32073	ORANG	SE PARK FL 32073									
2. Principal P	lace of Business	3. Mailing Address							1811 80 581 141	 	B	
Suite, Apt.	#, etc. 301	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e	City 8	& State				4. F	FEI Number 59-3694967			plied For t'Applicable	
Zip	Country	Zip		Cour	ntry		5. (Certificate of Status Desired		8.75 Add e Required		
	6. Name and Address of Current	Registered	d Agent		L"		7. N	Name and Address of New Re	istered Ag	ent		
					Name							
SPIEGEL 1840 SW	& UTRERA, P.A. 22ND ST.		S			reet Address (P.O. Box Number is Not Acceptable)						
4TH FLOC												
MIAMI FL					City				FL	Zip Code		
	named entity submits this statement for ions of registered agent.	r the purpo	se of changing its	register	ed office or	registere	ed age	ent, or both, in the State of Flori	da. I am fan	niliar with,	and accept	
ino oongat	iono or roginario a agoni.											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE	: Registere	ed Agent signate	ure required	when re	einstating)	DATE			
	ILE NOW!!! FEE IS \$150.00							<u> </u>				
After May 1, 2003 Fee will be \$550.00								 Election Campaign Fina Trust Fund Contribution. 	ncing		O May Be I to Fees	
Make Check	R Payable to Florida Department of											
10.	OFFICERS AND	DIRECTOR		11.			AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME	PTD EDANKLIN I -		☐ Delete	TITL					L	_ Change	☐ Addition	
STREET ADDRESS	reno, franklin l 2301 park avenue, ste. 206- .	3 V I		1	EET ADDRESS	1						
CITY-ST-ZIP	ORANGE PARK FL 32073	201			-ST-ZIP							
TITLE	SVD		☐ Delete	TITL	 E	-		······································	Г] Change	☐ Addition	
NAME	PATTERSON , DIANA -J-		_ 20.00	NAM		Pat	مط	ean Diame.	<u> </u>			
STREET ADDRESS	2301 PARK AVENUE, STE. 206			STRI	EET ADDRESS	12/	•=\ \	Book bus # 201	- 7		ĺ	
CITY-ST-ZIP	ORANGE PARK FL 32073			CITY	-ST-ZIP	× 3.		son, Dianno Parkave#301	0.P.F	<u> </u>	1073	
TITLE		•	☐ Delete	TITL	E			<u>-</u>		Change	☐ Addition	
NAME				NAM							Ì	
STREET ADDRESS	1				EET ADDRESS	l					}	
CITY-ST-ZIP				~ }	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·				
TITLE NAMÉ	5		☐ Defete	TITL NAM					L	Change	☐ Addition	
STREET ADDRESS				•	EET ADDRESS							
CITY-ST-ZIP				•	-ST-ZIP						ĺ	
TITLE	1		☐ Delete	TITU	E				Γ	Change	☐ Addition	
NAME				NAM					_	_ 0.		
STREET ADDRESS				STR	ET ADDRESS						j	
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITL	<u> </u>					Change	Addition	
NAME				NAM								
STREET ADDRESS					ET ADDRESS	1						
CITY-ST-ZIP				CITY	-ST-ZIP	I					J	

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: