

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90021 029 ***150.00

DOCUMENT # P01000030937

1. Entity Name
SIGNATURE HOME BUILDER INC.



Principal Place of Business
402 S.E. 5TH STREET
DANIA BEACH FL 33004

Mailing Address
402 S.E. 5TH STREET
DANIA BEACH FL 33004



2. Principal Place of Business

3200 Burris Road

Suite, Apt. #, etc.

3. Mailing Address

3200 Burris Road

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number **65-1089353**

Applied For
Not Applicable

Zip **33314** **Country** **U.S.A**

Zip **33314** **Country** **U.S.A**

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

6. Name and Address of Current Registered Agent

ST-MARTIN, MARIO
402 S.E. 5TH STREET
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name **St. Martin, Mario**
Street Address (P.O. Box Number is Not Acceptable) **3200 Burris Road**
City **Davie** **FL** **Zip Code** **33314**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **ST-MARTIN, MARIO**
STREET ADDRESS **402 S.E. 5TH STREET**
CITY-ST-ZIP **DANIA BEACH FL 33004**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **St. Martin, Mario**
STREET ADDRESS **3200 Burris Road**
CITY-ST-ZIP **Davie, FL 33314**

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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** **St. Martin** **1-24-03 9543210200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)