

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000065183**

1. Entity Name

Signature Cutz Inc.



FILED

Sep 08, 2003 8:00 A.M
Secretary of State

DO NOT WRITE IN THIS SPACE

900022928469
09/10/03--01044--002 **150.00

2. Principal Place of Business 10725 NW 12th <small>Suite, Apt. #, etc.</small> <i>Drive</i>		3. Mailing Address 10725 NW 12th <small>Suite, Apt. #, etc.</small> <i>Drive</i>	
City, State Plantation, Florida		City & State Plantation, Florida	
Zip 33322	Country USA	Zip 33322	Country USA

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DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent Name <i>Ruth Liverpool</i> Street Address (P.O. Box Number is Not Acceptable) 8428 W. Oakland PK. Blvd. City Sunrise FL Zip Code 33351		

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

Ruth Liverpool

8-25-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	President COBHAM STANLEY 10725 NW 12th Drive Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-03

Date

954-246-5001

Telephone Phone #

9/9/03

Lass



ACCOUNTING & BUSINESS SERVICES, INC.

8428 W. Oakland Park Blvd • Sunrise, FL • 33351

Attachment

PO1000065183

***Divisions of Corporations
Department Of State
P.O Box 6327
Tallahassee, FL 32314***

***Re: Signature Cutz Inc.
Doc #: PO1000065183***

To Whom It May Concern:

We would like to apologize for the inconvenience that we caused by renewing the wrong company/ Corporation. The correct corporation that was to be renewed was the Signature Cutz Corporation. We ask that you may please accept our apology for the above Corporation and note that it was a mix-up between the corporations. We ask that if any late or penalty fees were added we asked for them to be waived.

We thank you for your understanding and Patience we assure you that this will never happen again. Enclosed is the Correct UBR. If you have any further questions please contact us at the above number.

Sincerely,

***Colleen Pope
Accounting Associate***

Ruth Liverpool, President

Phone: 954-746-5011 • Fax: 954-746-7996

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BOOKKEEPING • PAYROLL • FINANCIAL STATEMENTS