

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 021 ***158.75

DOCUMENT # P01000087915

Entity Name
SIGNATURE GRAPHICS, INC.

Principal Place of Business
625 EDGEWATER DR.
ORLANDO FL 32804

Mailing Address
PMB 200
7611 SOUTH O.B.T.
ORLANDO FL 32809

Principal Place of Business
625 EDGEWATER DR.
ORLANDO FL 32804

3. Mailing Address
7611 South O.B.T.
PMB 200

Suite, Apt. #, etc.
PMB 200

City & State
ORLANDO FL

Zip
32804

Country
FL



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746556

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
SADRIANNA, JAMES V
8000 S ORANGE AVE STE 207
ORLANDO FL 32809

7. Name and Address of New Registered Agent
James V Sadrianna
2625 Edgewater Drive
ORLANDO FL 32809

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.

SIGNATURE: *[Signature]* **James V Sadrianna 2-1-02**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
FILE NAME	D	<input type="checkbox"/> Delete	TITLE	OTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SADRIANNA, JAMES V		NAME	SADRIANNA, James V	
CITY-ST-ZIP	2625 EDGEWATER DR.		STREET ADDRESS	2625 Edgewater Drive	
	ORLANDO FL 32804		CITY-ST-ZIP	ORLANDO FL 32804	
FILE NAME		<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			NAME	HORTON, Michael W	
CITY-ST-ZIP			STREET ADDRESS	2625 Edgewater Drive	
			CITY-ST-ZIP	ORLANDO FL 32804	
FILE NAME		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **James V Sadrianna 2-1-02**
 Signature typed or printed name of signing officer or director Date Daytime Phone #