

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000026753

1. Entity Name

Signature Construction Management Corp.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 14 PM 12:21

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2603 E OAKLAND PKWY

3. Mailing Address

P.O. BOX 39314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

Zip

33339

Country

USA

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

05/5/03 91760 042 \$150.00

4. FEI Number

75-3005635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Gregory A. Baum

Street Address (P.O. Box Number is Not Acceptable)

541 NE 17TH AVE

City

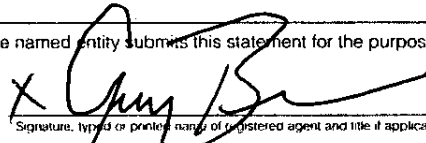
Fort Lauderdale FL

Zip Code

33301

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.

SIGNATURE

X 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-13-04

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/NPIS/T  
Gregory A. Baum  
541 NE 17TH AVE  
Fort Lauderdale, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300037294123  
05/25/04--01057--001 \*\*150.00

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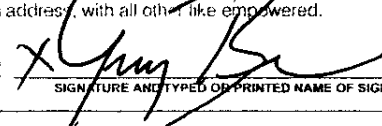
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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-04

Date

Daytime Phone #

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE REGARDING THE REJECT LETTER FOR THE 2003 UNIFORM BUSINESS REPORT I HAD SENT. PLEASE TAKE THIS LETTER AND CORRECTED ANNUAL REPORT TO BE PROCESSED AND ACTIVATE THIS CORPORATION.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



GREGORY A. BAUM  
PRESIDENT