


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 015 ***158.75

0444757 AV

DOCUMENT # P02000071564	
1. Entity Name SIGNATURE SOLUTIONS, INC.	

Principal Place of Business 9210 POST RD ODESSA FL 33556	Mailing Address 9210 POST RD ODESSA FL 33556
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2. Principal Place of Business 2913 OLD VILLAGE WAY	3. Mailing Address 2913 OLD VILLAGE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State OLDSMAR, FL	City & State OLDSMAR, FL	4. FEI Number 74-3051128	Applied For <input type="checkbox"/>
Zip 34677	Country USA	Zip 34677	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LN QUINCY FL 32351

7. Name and Address of New Registered Agent Name DEREK CHANEY Street Address (P.O. Box Number is Not Acceptable) 2913 OLD VILLAGE WAY City OLDSMAR FL Zip Code 34677

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  **DEREK CHANEY** DATE **4/28/03**
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D ODUM, MARILYNN 9210 POST RD ODESSA FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D CHANEY, DEREK 734-3 GADSDEN ST TALLAHASSEE FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D ALEXANDER, KELLY 1300 N ADAMS ST TALLAHASSEE FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CHANEY, DEREK 2913 OLD VILLAGE WAY OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V ALEXANDER, KELLY 2913 OLD VILLAGE WAY OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DEREK CHANEY** DATE **4/28/03** DAYTIME PHONE # **813 854 1369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/02)