

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0062126 AV

DOCUMENT # P02000090282

1. Entity Name

SIGNATURE CUSTOM HOMES, INC.



04-24-2003 90227 007 ***150.00

Principal Place of Business

**909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547**

Mailing Address

**909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0793918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, MICHAEL W	
STREET ADDRESS	9 GALE COURT	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, ASHLEY D	
STREET ADDRESS	9 GALE COURT	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLEDO, HECTOR	
STREET ADDRESS	9 GALE COURT	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLEDO, RHONDA	
STREET ADDRESS	9 GALE COURT	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1209 Airport Rd. Suite 5	
STREET ADDRESS	Destin, Fl. 32541	
CITY-ST-ZIP		
TITLE	Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 MICHAEL W MCCORMICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 (850) 585-9777

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Doc # 102 0000 90252
20033521

Anchors, Foster, McInnis & Keefe, P.A.

Attorneys at Law

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W. Scott Foster
C. Jeffrey McInnis
Lawrence Keefe
Michelle Anchors

Phone: (850) 863-4064
Fax: (850) 862-1138
E-mail: foster@cybertron.com

April 21, 2003

via Certified Mail / Return Receipt Requested

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32314-6478

RE: Signature Custom Homes, Inc.
FEIN number 55-0793918

Gentlemen:

Enclosed please find duly executed 2003 Unified Business Report for the above captioned corporation along with check number 3053, in the amount of \$150.00.

Sincerely yours,

ANCHORS, FOSTER, MCINNIS & KEEFE, P.A.

W. Scott Foster

William Scott Foster

WSF/lmw