


FILED
Jul 21, 2003 8:00 am
Secretary of State

07-03-2003 90033 024 ***150.00

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

| | |
|---|---|
| DOCUMENT # <u>802000103027</u> (2) |  |
| 1. Entity Name <u>SIGNATURE BUILDING + DESIGN, INC</u> | |

DO NOT WRITE IN THIS SPACE

44005508

| | | | |
|---|---------------------------|--|---------------------------|
| 2. Principal Place of Business <u>1219 GREYBROOK PLACE</u> | | 3. Mailing Address <u>1219 GREYBROOK PLACE</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <u>OLDSMAR, FL</u> | | City & State <u>OLDSMAR, FL</u> | |
| Zip <u>34677</u> | Country <u>FLORIDA</u> | Zip <u>34677</u> | Country <u>FLORIDA</u> |
| 4. FEI Number <u>05-0532176</u> | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

DO NOT WRITE IN THIS SPACE

| | | |
|---------------------------------------|---|-----------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name <u>DOUGLAS A. MATTHEWS</u> | |
| | Street Address (P.O. Box Number is Not Acceptable) <u>1219 GREYBROOK PLACE</u> | |
| | City <u>OLDSMAR</u> | Zip Code <u>FL 34677</u> |

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 DW Matthews DATE 6/29/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | <u>P.S.T DOUGLAS A. MATTHEWS 1219 GREYBROOK PLACE OLDSMAR, FL, 34677</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 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: DW Matthews DATE 6/29/03 727-224-1416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)