

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90154 031 \*\*\*150.00

DOCUMENT # PD2000120797  
1. Entry Name  
*Signature Company of Treasure Coast*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*210-B N. 2nd St.*  
Suite, Apt. #, etc.

3. Mailing Address  
*210-B N. 2nd St*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Ft. Pierce FL*  
Zip  
*34950*  
Country  
*USA*

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Zip  
*34950*  
Country  
*USA*

4. FEI Number  
*32-0042697*  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Tessa Head*  
Street Address (P.O. Box Number is Not Acceptable)  
*2804 Dunbar St*  
City  
*Ft. Pierce* FL Zip Code  
*34947*

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

*4/7/03*  
DATE

(NOTE: Registered Agent signature required when reinstating)

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	<i>President Tessa Head 2804 Dunbar St Ft. Pierce, FL 34947</i>
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IN THIS SPACE**

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 empowers.

SIGNATURE: *[Signature]*  
Signature and typed or printed name of signing officer or director

*4/7/03* *772 323-4247*  
Date Daytime Phone #

CP200348 11/2/02