

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90060 029 ***150.00

DOCUMENT # P35972

1. Entity Name

SIGNATURE COMBS, INC.

Principal Place of Business

4050 SW 11TH TERRACE
FORT LAUDERDALE FL 33315
US

Mailing Address

201 S ORANGE AVENUE
SUITE 1100. TAX DEPT.
ORLANDO FL 32801

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

48-1052682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ Director ☒ Change ☐ Delete
NAME VAN ALLEN, BRUCE S
STREET ADDRESS 8550 LOST COVE DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE ~~TCFO~~ President ☒ Change ☐ Delete
NAME HASKINS, ELIZABETH A
STREET ADDRESS 418 RIVER DRIVE
CITY-ST-ZIP DEBARY FL 32713

TITLE S ☐ Delete
NAME GOLDSTEIN, JOSEPH I
STREET ADDRESS 9169 BAY HILL BLVD
CITY-ST-ZIP ORLANDO FL 32819

TITLE AS ☐ Delete
NAME MARCINIK, DANIEL V
STREET ADDRESS 7 TALLOWOOD LANE
CITY-ST-ZIP AMESBURY MA 01913

TITLE D ☒ Delete
NAME DODSON, RICHARD
STREET ADDRESS 1228 MAYFIELD AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE V ☐ Delete
NAME WORLEY, KEVIN S
STREET ADDRESS 16420 BAYRIDGE DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE TCFO ☐ Change ☒ Addition
NAME Leonard, Gregory S.
STREET ADDRESS 8024 Monier Way
CITY-ST-ZIP Orlando FL 32835

TITLE SVP ☐ Change ☒ Addition
NAME Fish, Blake C.
STREET ADDRESS 8th Monticello Dr.
CITY-ST-ZIP Amherst, NH 03031

TITLE VP ☐ Change ☒ Addition
NAME Crowther, Douglas H.
STREET ADDRESS 2162 Kane Park Way
CITY-ST-ZIP Windermere, FL 34786

TITLE VP ☐ Change ☒ Addition
NAME Ryan, Keith P.
STREET ADDRESS 1825 Lake Roberts Ct.
CITY-ST-ZIP Windermere, FL 34786

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)