

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90101 021 ***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
 SUTIE 1100. TAX DEPT.
 ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

48-1052682

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	VAN ALLEN, BRUCE S	
STREET ADDRESS	8550 LOST COVE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HASKINS, ELIZABETH A	
STREET ADDRESS	418 RIVER DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JOSEPH I	
STREET ADDRESS	9169 BAY HILL BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARCINIK, DANIEL V	
STREET ADDRESS	7 TALLOWOOD LANE	
CITY-ST-ZIP	AMESBURY MA 01913	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	LEONARD, GREGORY S	
STREET ADDRESS	8024 MONIER WAY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	V	<input type="checkbox"/> Delete
NAME	WORLEY, KEVIN S	
STREET ADDRESS	16420 BAYRIDGE DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph I. Goldstein 4/29/02 (409) 648-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)