

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000090503**

1. Entity Name

SIGNATURE LAND DEVELOPMENTS, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90160 003 ***150.00

00011040



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**12604 PINEBROOK LANE
BAYONET POINTE FL 34667**

Mailing Address

**12604 PINEBROOK LANE
BAYONET POINTE FL 34667**

2. Principal Place of Business

7211 BEACON WOODS DR.

Suite, Apt. #, etc.

3. Mailing Address

7211 BEACON WOODS DR.

Suite, Apt. #, etc.

City & State

BAYONET POINT, FL

City & State

BAYONET POINT, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34667

Country

U.S.A.

Zip

34667

Country

U.S.A.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

**WEYLIE, WALLACE J
350 GULF BLVD.
INDIAN ROCKS BEACH FL 34635**

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 State10. 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	DP	<input type="checkbox"/> Delete
NAME	KENNEDY, EILEEN A	
STREET ADDRESS	12604 PINEBROOK LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7211 BEACON WOODS DR.	
CITY-ST-ZIP	BAYONET POINT, FL 34667	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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: *Eileen A. Kennedy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 19, 2001 (727) 863-0686

Date Daytime Phone #

CR2E034 (10/00)