

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90371 007 ***150.00

DOCUMENT # P94000090503

1. Entity Name

SIGNATURE LAND DEVELOPMENTS, INC.

Principal Place of Business

**7214 BEACON WOODS DR
BAYONET POINTE FL 34667**

Mailing Address

**7214 BEACON WOODS DR
BAYONET POINTE FL 34667**

2. Principal Place of Business

8512 WAGON WHEEL LN.

3. Mailing Address

P.O. BOX 7117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BAYONET POINT, FL

City & State
HUDSON, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
34667

Country
U.S.A.

Zip
34674

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KENNEDY, EILEEN A
7211 BEACON WOODS DR
BAYONET POINT FL 34667** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KENNEDY, EILEEN A.
8512 WAGON WHEEL LN.
BAYONET POINT, FL 34667** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

EILEEN A. KENNEDY 4/9/02 (727) 863-0686

Date

Daytime Phone #

CR2E034 (9/01)