

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034352

1. Entity Name

SIGNAL INSURANCE GROUP, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90168 009 ***150.00

Principal Place of Business

Mailing Address

2426 WILTON DRIVE
WILTON MANORS FL 33305

2426 WILTON DRIVE
WILTON MANORS FL 33305-1251

2. Principal Place of Business

3. Mailing Address

1800 N. Andrews Ave

1800 N. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4K

4K

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0539701

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

TRUJILLO, HECTOR
1800 N. ANDREWS AVE 4K
FORT LAUDERDALE FL 33311

Name

Karl Grace

Street Address (P.O. Box Number is Not Acceptable)

1800 N. Andrews Ave

4K

City

Fort Lauderdale

FL

Zip Code

33311

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/2000

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
TRUJILLO, HECTOR
1800 N. ANDREWS AVE. #4K
FORT LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V.B.
Karl Grace
1800 N. Andrews Ave 4K
Fort Lauderdale, FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/26/2000 954-764-3441
Daytime Phone #

CR2E034 (9/99)