2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P95000034560** SIGNET DEVELOPMENT SERVICES INC. 01-29-2000 90113 017 ***150.00 Mailing Address Principal Place of Business 351 NW 36TH AVE 351 NW 36TH AVE DEERFIELD BEACH FL 33442-8013 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address ANTICRIVEZZOON OTLANTICZUO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0578186 .. | Not Applicable \$8.75 Additional 5. Certificate of Status Desired Éee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HTON, W TOOK ROTH, ADELE Street Address (P.O. Box Number is Not Acceptable) 351 NW 36TH AVE N. atlantic Rived **DEERFIELD BEACH FL 33442** 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. 1-23-00 applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPVT** TITLE **™** Delete TITLE ROTH, ADELE NAME NAME STREET ADDRESS STREET ADDRESS 351 NW 36TH AVE CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** President, Managing TITI F TITLE Scott W. ROTH NAME ROTH, ADELE NAME 2200 N. OTLANTIC BLYD STREET ADDRESS STREET ADDRESS 351 NW 36TH AVE CITY-ST-7IP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** FORT LAUDCEDALE OF 33305 VICE PRESIDENT, DIFECTOR Phange ☐ Addition ☐ Delete TITLE TITLE ARTHUR ROTH ROTH, SCOTT W NAME NAME CNANGE 351 NW 36th AVE STREET ADDRESS STREET ADDRESS 2200 N ATLANTIC BLVD CITY-ST-ZIP DEPOSED BCH.FL 33942 CITY-ST-ZIP FT LAUDERDALE FL 33305 Treasure Secretary Change De Lucie L. GUZZY - TOTRECTOR ☐ Delete TITLE TITLE. 2200 N. OTTLANTIC BLVD ROTH. ARTHUR L. NAME NAME chau 05 STREET ADDRESS STREET ADDRESS 351 N.W. 36TH AVE. FORT LALDCED ALE, FL 33305 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE. TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13! I hereby certify that the information supplied with this filths 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 attac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: