

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90108 013 \*\*\*150.00

**DOCUMENT # P95000043712**

1. Entity Name  
**SIGNATURE DEVELOPMENT GROUP, INC.**



Principal Place of Business  
**C/O JOHN P. MILLIGAN, JR.  
1500 COLONIAL BOULEVARD STE 103  
FORT MYERS FL 33907**

Mailing Address  
**C/O JOHN P. MILLIGAN, JR.  
1500 COLONIAL BOULEVARD STE 103  
FORT MYERS FL 33907**



2. Principal Place of Business  
**5009 ENGLISH CREEK AVE**

3. Mailing Address  
**C/O FRANCES SZYMANSKI**

Suite, Apt. #, etc.  
**3020 SE 11TH PL**  
City & State  
**CAPE CORAL FL**

Suite, Apt. #, etc.  
**3020 SE 11TH PL.**  
City & State  
**CAPE CORAL**

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33904** Country  
**USA**

Zip  
**FL** Country  
**USA**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLIGAN, JOHN P  
1500 COLONIAL BOULEVARD STE 103  
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
**FRANCES K. SZYMANSKI**  
Street Address (P.O. Box Number is Not Acceptable)  
**3020 SE 11TH PLACE**  
City  
**CAPE CORAL FL** Zip Code  
**33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frances K. Szymanski** **FRANCES K. SZYMANSKI** **3/3/03**  
Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMSON, JOSEPH P  
6314 BLACK HORSE PIKE  
CARDIFF NJ 08232** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
JOSEPH ADAMSON  
5009 ENGLISH CREEK AVE  
FEE HARBOR TWP., N.J. 08234** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH ADAMSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03 609 641-7713**  
Date Daytime Phone #

CR2E034 (10/02)