2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # **P96000002453** 1. Entity Name SIGNATURE CATERERS, INC. 08-22-2000 90001 039 ***150.00 Principal Place of Business Mailing Address 2628 SE 19TH PL 2628 SE.19TH PL CAPE CORAL FL 33904 CAPE CORAL FL 33904 IIS 2 Principal Place of Business TERR 3. Mailing Address 18th TERRACE Suite, Apt. #, etc. 167 DO NOT WRITE IN THIS SPACE LAUDERDALE 4. FEI Number Applied For AUDERDAUE, FL 65-0633084 Not Applicable COUPLY NOW ARD **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POUND, EUGENE W Street Address (P.O. Box Number is Not Acceptable) 2628 SE 19TH PL CAPE CORAL FL 33904 Zip Code FL 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. S Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D TITLE Delete TITI E ☐ Addition POUND, EUGENE W NAME NAME STREET ADDRESS 2628 SE 19TH PL STREET ADDRESS CITY-ST-7IP CAPE CORAL FL CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Statutés. 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 receives or trustee empreced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empreyered to changed, or on an attachment with an address, with all of

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