APR. 28. 2003 11:?5AM CORPORATIONS

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90049 029 ***150.00

DOCUMENT # P96000002453
Entity Name
SIGNATURE CATERERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
29 S. PIONEER	29 S. PIONEER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Ft. MYERS, Fl.	City & State: North Ft. MYERS, Fl.
Zip: 33917 Country: LEE	Zip: 33917 Country: LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 650633084 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EUGENE POUND

Street Address (P.O. Box Number is Not Acceptable):
29 S. PIONEER

City: North Ft MYERS, FL Zip Code: 33917

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: Eugene W Pound 4/28/03
Signature, typed or printed name of registered agent, and title if applicable (Registered agent signature required when changing) Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $400.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT EUGENE POUND 29 S PIONEER North Ft MYERS, Fl. 33917
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene Pound 4/28/03 239-731-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #