

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041621

1. Entity Name

SIGNATURE QUALITY HOMES, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90051 041 \*\*\*150.00

Principal Place of Business

Mailing Address

183 TRAMORE PLACE  
MELBOURNE BEACH FL 32951  
US

P.O. BOX 51-0845  
MELBOURNE BEACH FL 32951  
US

2. Principal Place of Business

3. Mailing Address

3830 S. Highway A1A

Suite, Apt. #, etc.

Unit A-1

City & State

Melbourne Beach

Zip

32951

Country

US

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3387109

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

CRAGG, ANITA  
145 HIDDEN COVE DR  
MELBOURNE FL 32951

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD ☐ Delete  
NAME CRAGG, ANITA  
STREET ADDRESS 183 TRAMORE PLACE  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 3830 S. Highway A1A Unit A-1  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: Anita Cragg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

321-952-7499

Daytime Phone #

CR2E034 (10/00)