2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000047003

Entity Name: SIGNATURE STORM PROTECTION, INC.

FILED Jan 06, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	1ST AVENUE FON, FL 33432	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	1ST AVENUE FON, FL 33432	US			
FEI Number:	65-0670449	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ENYART, GENE 1 SAINT CLOUD LANE BOCA RATON, FL 33431					
The above in the State		ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	DPST () I ENYART, GENE 1 SAINT CLOUD BOCA RATON, F		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ENYART, GENE 1 SAINT CLOUD LANE BOCA RATON, FL 33431 US	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition ENYART, GENE 1 SAINT CLOUD LANE BOCA RATON, FL 33431 US	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	C () Change (X) Addition ENYART, GENE 1 SAINT CLOUD LANE BOCA RATON, FL 33431 US	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition ENYART, VICKI 1 SAINT CLOUD LANE BOCA RATON, FL 33431 US	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition ENYART, VICKI 1 SAINT CLOUD LANE BOCA RATON, FL 33431 US	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition ENYART, VICKI 1 SAINT CLOUD LANE BOCA RATON, FL 33431 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE ENYART D 01/06/2003