

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049323

1. Entity Name
SIGNATURE ENTERPRISES OF PALM BEACH, INC.

Principal Place of Business
319 GREYMON DR.
WEST PALM BEACH FL 33407
US

Mailing Address
319 GREYMON DR.
WEST PALM BEACH FL 33407
US

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90010 028 ***558.75

0072031 AV



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

319 Greymon Dr

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33405

Country

USA

3. Mailing Address

319 Greymon Dr

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33405

Country

US

4. FEI Number

65-0670600

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PULLENS, WALTER

319 GREYMON DR.

WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Walter Pullens

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

319 Greymon Dr

City

West Palm Beach

FL

Zip Code

33405

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

Walter Pullens

W. Pullens

9-7-01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

TITLE PD
NAME PULLENS, WALLY
STREET ADDRESS 419 26TH ST
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Walter Pullens 9-7-01 561-863-7647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)