

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 003 ***150.00

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DOCUMENT # P96000049323

1. Entity Name

SIGNATURE ENTERPRISES OF PALM BEACH, INC



Principal Place of Business
367 ARLINGTON ROAD
WEST PALM BEACH FL 33405
US

Mailing Address
367 ARLINGTON ROAD
WEST PALM BEACH FL 33405
US

2. Principal Place of Business

1204 Florida Ave

3. Mailing Address

1204 Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0670600

Applied For

Not Applicable

Zip

33401

Country

US

Zip

33401

Country

US

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)
1204 Florida Ave
City West Palm Beach FL FL Zip Code 33401

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

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

After September 10, 2003 Fee will be \$750.00

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 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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Walter Pullens
STREET ADDRESS 1204 Florida Ave
CITY-ST-ZIP West Palm Beach FL 33401

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-03

CR2E034 (4/03)