

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90185 015 ***150.00

DOCUMENT # **P96000081035**

1. Entity Name
SIGNATURE SYSTEMS INC.

Principal Place of Business

**14612-5 GRENADINE DR
 TAMPA FL 33613
 US**

Mailing Address

**14612-5 GRENADINE DR
 TAMPA FL 33613
 US**



2. Principal Place of Business

**3111 DR. M.L. KING JR. AVE
 SUITE 100**

3. Mailing Address

**3111 DR. M.L. KING JR. AVE
 SUITE 100**

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL.

City & State

TAMPA FL.

4. FEI Number **59-3440904**

Applied For

Not Applicable

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

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

**LETTIERO, KEITH
 14612-5 GRENADINE DR
 TAMPA FL 33613**

Name **KEITH LETTIERO**
 Street Address (P.O. Box Number is Not Acceptable)
3111 DR. M.L. KING JR. BLVD. STE. 100
 City **TAMPA** FL Zip Code **33607**

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 **Keith Lettiero** DATE **1-16-2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	P LETTIERO, KEITH 14612-5 GRENADINE DR TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Keith Lettiero - President** Date: **1/16/2001** (89) 222-0909

CR2E034 (10/00)