

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081035

1. Entity Name
SIGNATURE SYSTEMS INC.

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

01-29-2001 90185 015 ***150.00

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

3. Mailing Address

3111 DR. M. L. King Jr. Ave

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

6. Name and Address of Current Registered Agent

LETTIERO, KEITH

14612-5 GRENADINE DR
TAMPA FL 33613

7. Name and Address of New Registered Agent

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

Keith LETTIERO

1-16-2001

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LETTIERO, KEITH	
STREET ADDRESS	14612-5 GRENADINE DR	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Keith Lettiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)