

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90447 035 ***558.75

DOCUMENT # P96000081035

1. Entity Name
SIGNATURE SYSTEMS INC.

(P)

Principal Place of Business
3111 DR. M. L. KING BLVD
SUITE 100
TAMPA FL 33607
US

Mailing Address
3111 DR. M. L. KING BLVD
SUITE 100
TAMPA FL 33607
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
501 S. Falkenburg rd.
 Suite, Apt. #, etc.
Suite A7

3. Mailing Address
501 S. Falkenburg Rd.
 Suite, Apt. #, etc.
Suite A7

City & State
TAMPA FL.
 Zip
33619
 Country
US

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TAMPA FL
 Zip
33619
 Country
US

4. FEI Number
59-3440904

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LETTIERO, KEITH
3111 DR. M. L. KING JR. BLVD. STE. 100
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
Keith Lettiero
 Street Address (P.O. Box Number is Not Acceptable)
501 S. Falkenburg rd.
Suite A7
 City
Tampa **FL** Zip Code
33619

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* **Keith Lettiero** **06-1-2002**
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 \$150.00
After May 1, 2002 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lettiero, Keith 9908 N. Myrtle St. Apt. B TAMPA, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Keith Lettiero* **KEITH LETTIERO** **01-17-02** **(813) 222-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)