

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 047 ***150.00

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1. Entity Name
SIGNET DEVICES, INC.



Principal Place of Business
2708 E. 97TH AVE.
TAMPA FL 33612

Mailing Address
2708 E. 97TH AVE.
TAMPA FL 33612



2. Principal Place of Business

1209 OLD HOPEWELL RD. BOX 149

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # B-6, 15-16

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Lutz FL

Zip

33619

Country

HILLS

Zip

33548-0149

Country

HILLS

4. FEI Number 59-3176543

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTIN, THOMAS F.

2708 E. 97TH AVE.
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name
MARTIN, THOMAS F.

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

1134 OAKHILL STREET

City
JEFFNER

FL

Zip Code
33584

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 Shon & Martin PRES THOMAS F. MARTIN 4/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTIN, THOMAS
2708 E. 97TH AVE
TAMPA FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTIN, SANDRA ANN
2708 E. 97TH AVE
TAMPA FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
MARTIN, THOMAS
1134 OAKHILL ST
JEFFNER FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES.
MARTIN, SANDRA ANN
2323 WINDSOR OAKS AVE.
Lutz, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Shon & Martin PRES THOMAS F. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Daytime Phone #

CR2E034 (10/02)