

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016179

1. Entity Name

SIGTECH SYSTEMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90162 007 ***150.00

Principal Place of Business

Mailing Address

4747 GRAND BOULEVARD
 NEW PORT RICHEY FL 34652

4747 GRAND BOULEVARD
 NEW PORT RICHEY FL 34652-5105

2. Principal Place of Business

3. Mailing Address

13949-7 Hillshorough Ave
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

Suite 180

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33635

4. FEI Number

59-3494311

Applied For

Not Applicable

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

SHERMAN, LINDA K
 4747 GRAND BOULEVARD
 NEW PORT RICHEY FL 34652

Name

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

4745 Grand Boulevard

City

New Port Richey

FL

Zip Code

34652

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

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS SHERMAN, LINDA K
 CITY-ST-ZIP 3589 INDIGO POND DRIVE
 PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2837 Longleaf lane
 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Linda K Sherman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

813-553-727

Daytime Phone #

CR2E034 (9/99)