2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P98000021761 1. Entity Name 04-02-2002 90946 046 ***150 00 FITZGERALD SIGNATURE HOMES, INC. Mailing Address Principal Place of Business 3200 S. ANDREWS AVENUE 3200 S. ANDREWS AVENUE SUITE 106 " SUITE 106 FT. LAUDERDALE FL-33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 3225 S. Andrews Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0818411 Ft. Lauderdale Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired 33316 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FITZGERALD, DEBRA L Street Address (P.O. Box Number is Not Acceptable) 3200 S. ANDREWS AVENUE SUITE 106 FT. LAUDERDALE FL 33316 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees '(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition CR2E034 (9/01) ☐ Delete TITLE TITLE DP Fitzgerald Debra L. 3223 S. Andrews Avenue NAME NAME FITZGERALD, DEBRA L STREET ADDRESS STREET ADDRESS 3200 S. ANDREWS AVENUE, SUITE 106 33316 CITY-ST-ZIF CITY-ST-ZIP FT. LAUDERDALE FL 33316 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: * * - Change ■ Addition Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Debra Fitzgerald