2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P98000022456 DOCUMENT

6. Name and Address of Current Registered Agent

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

1. Entity Name

SIGNATURE FINANCIAL GROUP, INC.

Principal Place of Business 210 NORTH UNIVERSITY DRIVE #100 CORAL SPRINGS FL 33071

Principal Place of Business

COROL SPUNGS

Suite, Apt. #, etc.

City & State

SIGNATURE

2530 W. ATLANTIC BLUD

CORPORATION SERVICE COMPANY

Mailing Address

210 NORTH UNIVERSITY DRIVE #100

3. Mailing Address ATLANTA Butg

CORAL SPRINGS FL 33071

Suite, Apt. #, etc.

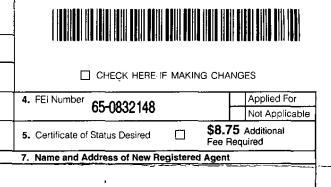
MOZ SAMNOS

City & State

3307 1

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90219 043 ***150.00



DATE

1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent.

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

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

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change : ☐ Addition **BORZILLERI, THOMAS** NAME NAME STREET ADDRESS 210 NORTH UNIVERSITY DRIVE #100 STREET ADDRESS 12530 W. ATLANTIC BEVD CORAL SPRINGS Ft 33071 CITY-ST-ZIP CITY-ST-ZIP Conoz Spring, FL 33071 CE0 Change : TITLE ☐ Delete TITLE ☐ Addition **BORZILLERI, THOMAS** NAME NAME STREET ADDRESS 210 NORTH UNIVERSITY DRIVE #100 STREET ADDRESS 12530 W. ATZDATH BLVD CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 received or trustee empoyered 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

FOUIRED SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR