

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90219 043 \*\*\*150.00

DOCUMENT # P98000022456

1. Entity Name  
SIGNATURE FINANCIAL GROUP, INC.



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

Mailing Address  
210 NORTH UNIVERSITY DRIVE #100  
CORAL SPRINGS FL 33071

2. Principal Place of Business  
12530 W. ATLANTIC BLVD

3. Mailing Address  
12530 W. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL SPRINGS FL

City & State  
CORAL SPRINGS FL

Zip  
33071

Country  
USA

Zip  
33071

Country

4. FEI Number 65-0832148

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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**  
**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 PT  
NAME BORZILLERI, THOMAS  
STREET ADDRESS 210 NORTH UNIVERSITY DRIVE #100  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE CEO  
NAME BORZILLERI, THOMAS  
STREET ADDRESS 210 NORTH UNIVERSITY DRIVE #100  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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 12530 W. ATLANTIC BLVD  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS 12530 W. ATLANTIC BLVD  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

954-345-1184

Daytime Phone #

CR2E034 (10/02)