

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-17-2002 90036 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P98000044581*

1. Entity Name

*SIGNATURE PROPERTY MGMT***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

969 So. FEDERAL HWY

Suite, Apt. #, etc.

401

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STUART

City & State

4. FEI Number

65-0840271

Applied For

Not Applicable

Zip

FL

Country

34994

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *DIANE HARRISON*

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

*3306 SE WEST SNOW RD.*City *Port. St. Lucie*

FL

Zip *34984***DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>P</i>
NAME	<i>DIANE HARRISON</i>
STREET ADDRESS	<i>3306 SE WEST SNOW RD.</i>
CITY - ST - ZIP	<i>PORT ST. LUCIE, FL. 34984</i>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<i>VST</i>
NAME	<i>MICHAEL HARRISON</i>
STREET ADDRESS	<i>3306 SE WEST SNOW RD.</i>
CITY - ST - ZIP	<i>PORT ST. LUCIE, FL. 34984</i>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DIANE HARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-02 772-219-4474

Daytime Phone #

CR2E034B (12/01)