2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000048317

1. Entity Name SIGNOLOGY, INC.



Feb 10, 2003 8:00 am Secretary of State

FILED

Principal Place of Business 3410 47TH AVENUE EAST BRADENTON FL 34203

Mailing Address
3410 47TH AVENUE EAST
BRADENTON FL 34203

2. Principal Place of Business			3. Mailing Address				1 15411001			100 11101 11	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				TO CHECK HERE IF MAKING CHANGES				
578 PLANTERS MANOR WAY 578 PLANTERS MAN						{ Y				 -	
City & State City & State							FEI Number	65-0842611			olied For
BRADENTON, FLORIDA			BRADENTON, FLORID							Not	Applicable
Zip 342	Country	Zip	4212	Count	USA	-5.	Certificate o	f Status Desired		75 Addit Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
Name VL							Tical				
VU, TIEN											
					Street Address (P.O. Box Number is Not Acceptable)						
3410 47TH AVENUE EAST						DIANT	TTO C MANOR WAY				
BRADENTON FL 34203 578						PLANTERS MANOR WAY					
						2ADEN				ip Code	212
	named entity submits this statement	for the purp	ose of changing its	registere	ed office or	registered ag	gent, or both	, in the State of Florida	ı. I am familia	ar with, a	and accept
the obligation	ons of registered agent.										
alouizuse.	20										
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOT	E: Registere	d Agent signatu	re required when	reinstating)		DATE		
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FILE NOW!!! FEE IS \$150.00								tion Campaign Financ			May Be
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department	j of Stata					Trus	t Fund Contribution.		Added	to Fees
Make Check	=						DDITIONS (C	CHANGES TO OFFICE	DC AND DID	ECTORS	: IN 11
10.	OFFICERS AN	D DIRECTO		11.			DDITIONS/C	HANGES TO OFFICE		Change	Addition
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 5, 2003

(941) 742-3174

Daytime Phone #