

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90458 033 ***150.00

DOCUMENT # P99000001621

1. Entity Name
SIGNATURE CLOSETS, INC.

Principal Place of Business
1921 TRADE CENTER WAY, STE. 1
NAPLES FL 34109

Mailing Address
1921 TRADE CENTER WAY, STE. 1
NAPLES FL 34109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1921 TRADE CENTER WAY
 Suite, Apt. #, etc.
SUITE #7

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

4. FEI Number **59-3553531**
 Applied For
 Not Applicable

Zip **34109** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent
BROWN, ANNA L
1100 FIFTH AVENUE SOUTH, SUITE 201
NAPLES FL 34102

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.
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, PAMELA 1921 TRADE CENTER WAY, STE. 1 NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE: *Pamela Humphrey* **4/8/02 941-514-7200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0501041 AV

CR2E034 (9/01)