

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

05-24-2002 91325 022 ***150.00

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

DOCUMENT # P99000004282
1. Entity Name
Signature Design & Supply Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4401 Vineland Road</i>		3. Mailing Address <i>4401 Vineland Road</i>	
Suite, Apt. #, etc. <i>A16</i>		Suite, Apt. #, etc. <i>A16</i>	
City & State <i>Orlando FL</i>		City & State <i>Orlando FL</i>	
Zip <i>32819</i>	Country <i>USA</i>	Zip <i>32819</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558163

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reorganizing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

January 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D McIntyre, Thomas E. 4401 Vineland Road Orlando, FL 32819</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Thomas E McIntyre 4/30/02* *(407) 839-3939*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)