

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043577

1. Entity Name

SIGN ME UP, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90002 035 ***550.00

Principal Place of Business
1321 W WATERS AVE STE 105
TAMPA FL 33604

Mailing Address
1321 W WATERS AVE STE 105
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ROBERT A
1321 W WATERS AVE STE 105
TAMPA FL 33604

Name Paula B. FUCARINO

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

1321 W. Waters Ave 105

City TAMPA

FL

Zip Code 33604

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 Paula B. Fucarino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME FUCARINO, PAULA B
STREET ADDRESS 1415 E CLIFTON ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ Change ☐ Addition
NAME FUCARINO, PAULA B.
STREET ADDRESS 8411 SW 60th AVE
CITY-ST-ZIP Bushnell, FL 33513

TITLE D ☐ Delete
NAME FUCARINO, MORRIS D
STREET ADDRESS 1415 E CLIFTON ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ Change ☐ Addition
NAME FUCARINO, MORRIS
STREET ADDRESS 8411 SW 60th AVE
CITY-ST-ZIP Bushnell, FL 33513

TITLE D ☐ Delete
NAME WILSON, ROBERT A
STREET ADDRESS 11110 RICHLYN ST
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paula B. Fucarino Pres.

Date

Daytime Phone #

CR2E034 (5/00)