FILED
Jun 19, 2003 8:00 am
Secretary of State
06-19-2003 90045 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048477

1. Entity Name
SIGNAL REAL ESTATE AND DEVELOPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1269 FIRST ST SUITE 7 SARASOTA, FL 34236	1800 SECOND STREET, STE. 795C SARASOTA, FL 34236

[redacted]

2. Principal Place of Business		3. Mailing Address	
290 Cocoanut Ave		290 Cocoanut Ave	
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc. Suite 10	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34236	Country USA	Zip 34236	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0932589 ☐ 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
BOYER, JAMES R 1269 FIRST ST SUITE 7 SARASOTA, FL 34236	Name David H Rekow Street Address (P.O. Box Number is Not Acceptable) 4242 Vaughan Lane City Sarasota FL Zip Code 34241

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David H Rekow — 6/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	REKOW, DAVID H		NAME		
STREET ADDRESS	~~1269 FIRST ST, STE 7~~		STREET ADDRESS	290 COCOANUT AVE., STE 10	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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.

SIGNATURE: David H Rekow Pres 6/5/03 941-955-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #