

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90342 030 ***150.00

DOCUMENT # **P99000089768**
 1. Entity Name
Signature Utility Systems, Inc.

Principal Place of Business Mailing Address
18110 Burrell Road 3355 W. Bearss Ave.
Odessa, FL 33556 Tampa, FL 33618

2. Principal Place of Business 3. Mailing Address
18110 Burrell Road 3355 W. Bearss Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Odessa, FL Tampa, FL
 Zip Country Zip Country
33556 US 33618 US

4. FEI Number **59-3602704** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Walter Sanders
3355 Bearss Ave
Tampa, FL 33618

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 **Walter Sanders** **Walter Sanders** **4/19/01**
 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, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D Hunter, Donald Ware		STREET ADDRESS		
CITY-ST-ZIP	18110 Burrell Road		CITY-ST-ZIP		
	Odessa, FL 33556				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D Cornette, Robert G		STREET ADDRESS		
CITY-ST-ZIP	11107 Castelberry Rd.		CITY-ST-ZIP		
	Odessa, FL 33556				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **X Donald W Hunter** **Donald W Hunter** **4/30/01** **813)335-2035**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)