

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90102 036 ***150.00

DOCUMENT # P99000098173

1. Entity Name
SIGMAPLUS INTERNATIONAL, INC.

Principal Place of Business

2770 S HORSESHOE DR
STE 5
NAPLES FL 34104

Mailing Address

2770 S HORSESHOE DR
STE 5
NAPLES FL 34104

2. Principal Place of Business

368 GERMAIN AVE

Suite, Apt. #, etc.

3. Mailing Address

368 GERMAIN AVE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

4. FEI Number

52-2202598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELSEY, ELIZABETH
2770 S HORSESHOE DR
STE 5
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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

368 GERMAIN AVE

City

NAPLES

FL

Zip Code

34108

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 **ELIZABETH M. BELSEY**

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

E. M. Belsey

(NOTE: Registered Agent signature required when reinstating)

01-08-02

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

TITLE	PVPT	<input type="checkbox"/> Delete
NAME	BELSEY, ELIZABETH	
STREET ADDRESS	2770 S HORSESHOE DR 5	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLVILLE, STEVEN	
STREET ADDRESS	2770 S HORSESHOE DR, STE 5	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELSEY, ELIZABETH	
STREET ADDRESS	368 GERMAIN AVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVILLE, STEVEN	
STREET ADDRESS	368 GERMAIN AVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STEVEN COLVILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02

Date

(441) 514-3084

Daytime Phone #

CP2E034 (9/01)