(9/01)

2002 Uniform Business Report (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with aviadd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2002 8:00 am Secretary of State P99000109064 DOCUMENT # 1. Entity Name SIG INTERNATIONAL, INC. 04-10-2002 90656 024 ***158.75 Principal Place of Business Mailing Address 220 EAST MADISON ST., STE, 700 220 EAST MADISON ST., STE, 700 **RNAP2211 TAMPA FL 33602 TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address 211 N. West Shoc Blvd West Shore 6/vd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 600 600 City & State City & State 4. FEI Number Applied For 59-3668414 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 00 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gregor J. Sinadinos SINADINOS, GREGORY J MR. Street Adaless (F.O. Box Number is Not Acceptable) 220 EAST MADISON ST., STE. 700 **TAMPA FL 33602** まいりひ North Just Share Blud 211 The above named entity submits this atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATÚRÉ 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees \Box Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **PVTS** TITLE ☐ Delete TITLE Addition NAME SINADINOS, GREGORY J Gregory J Sinadinos Brd NAME 220 E. MADISON ST #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME Denise Dwyer 1211 North west shore Blud #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trueflee enparagraphs accepted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if