

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

2/4

02-04-2003 90129 028 ***150.00

DOCUMENT # P99000111242

1. Entity Name
SIGNATURE LAND DEVELOPMENT GROUP, INC.



Principal Place of Business
2730 C ENTERPRISE RD.
ORANGE CITY FL 32763

Mailing Address
2730 C ENTERPRISE RD.
ORANGE CITY FL 32763

2. Principal Place of Business
2765 REBECCA LANE
Suite, Apt. #, etc.
STE. A

3. Mailing Address
2765 REBECCA LANE
Suite, Apt. #, etc.
STE. A

City & State
ORANGE CITY, FL
Zip
32763
Country
USA

City & State
ORANGE CITY, FL
Zip
32763
Country
USA

4. FEI Number 59-3612879

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, TOM
2118 PARKTON DRIVE
DELTONA FL 32725
305 GLEN CLUB DRIVE
DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name
DIETRICH, D. PAUL II
Street Address (P.O. Box Number is Not Acceptable)
37 NORTH ORANGE AVENUE, ST 200
City
ORLANDO
FL **Zip Code**
32801

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 D. PAUL DIETRICH II 1/6/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME SMITH, TOM	
STREET ADDRESS 2118 PARKTON DRIVE	
CITY-ST-ZIP DELTONA FL 32725	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SMITH, TOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, TOM	
STREET ADDRESS 305 GLEN CLUB DRIVE	
CITY-ST-ZIP DEBARY, FL 32713	
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	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 386/774-1595
Date Daytime Phone #

CR2E034 (10/02)