

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90019 048 ***158.75

DOCUMENT # S16130

1. Entity Name
SIGPEL, INC.



Principal Place of Business
**5551 RIDGEWOOD DR. SUITE 203
NAPLES FL 34108**

Mailing Address
**5551 RIDGEWOOD DR. SUITE 203
NAPLES FL 34108**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0241102**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ATHAN, G H
5551 RIDGEWOOD DRIVE
STE #501
NAPLES FL 34108**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	DVT	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CORACE, RICHARD F.	5551 RIDGEWOOD DR 203 NAPLES FL			
	DVS	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GRIFFIN, GERALD F., III	5551 RIDGEWOOD DR 203 NAPLES FL			
	DP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SHARPE, KEITH A	5551 RIDGEWOOD DR 203 NAPLES FL			
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or all other like empowered.

SIGNATURE: KEITH A. SHARPE 1/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)