

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S47259**

1. Entity Name

SIGNATURE PLASTICS CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90034 041 ***150.00

Principal Place of Business

**16181 FLIGHT PATH DRIVE
BROOKSVILLE FL 33609**

Mailing Address

**16181 FLIGHT PATH DRIVE
BROOKSVILLE FL 33609**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

33604

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33604

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3067647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, CLAUDE B.
16181 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609-8409**

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent's 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

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD KING, CLAUDE B. 16181 FLIGHT PATH DR. BROOKSVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | STD KING, RITA U. 16181 FLIGHT PATH DR. BROOKSVILLE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | ST Page, Cynthia M. 16181 Flight Path Drive Brooksville FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **Claude B King** *Claude B King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

Date

352-799-9991

Daytime Phone #

CR2E034 (10/00)