

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91425 011 \*\*\*\*61.25

**DOCUMENT # 733176**

1. Entity Name  
**BELLES & BEAUS SINGLES, INC.**



Principal Place of Business  
**MARKS ST SR. COMPLEX  
99 E. MARKS ST  
ORLANDO FL 32803  
US**

Mailing Address  
**P.O. BOX 523  
ORLANDO FL 32802  
US**

**55046592**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1607981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAMM, LEA  
2800 ELIZABETH AVE  
ORLANDO FL 32804**

Name **ANN ISLER**

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

**2527 CYPRESS TRACE CIR.**

City **ORLANDO**

**FL**

Zip Code **32825**

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 **ANNE ISLER X**

*Anne Isler*

**04-02-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | V                             | <input type="checkbox"/> Delete            |
| NAME           | <b>ISLER, ANNE</b>            |                                            |
| STREET ADDRESS | <b>2527 CYPRESS TRACE CR</b>  |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32825</b>       |                                            |
| TITLE          | P                             | <input type="checkbox"/> Delete            |
| NAME           | <b>KAMM, LEA</b>              |                                            |
| STREET ADDRESS | <b>2800 ELIZABETH AVE</b>     |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32804</b>       |                                            |
| TITLE          | T                             | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HALL, TRUDY</b>            |                                            |
| STREET ADDRESS | <b>410 CAPEHART DR.</b>       |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>             |                                            |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | <b>MIFFLIN, BETTYE</b>        |                                            |
| STREET ADDRESS | <b>242 NOB HILL CIRCLE</b>    |                                            |
| CITY-ST-ZIP    | <b>LONGWOOD FL</b>            |                                            |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | <b>YOWELL, ANN</b>            |                                            |
| STREET ADDRESS | <b>2836 N WESTMORELAND DR</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>             |                                            |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | <b>COLEMAN, LORRAINE</b>      |                                            |
| STREET ADDRESS | <b>1221 CARRIAGE LANE</b>     |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>             |                                            |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>PRESIDENT</b>                                                             |
| STREET ADDRESS | <b>ISLER, ANNE</b>                                                           |
| CITY-ST-ZIP    | <b>2527 CYPRESS TRACE CIRCLE</b>                                             |
|                | <b>ORLANDO, FL. 32825</b>                                                    |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>DIRECTOR</b>                                                              |
| STREET ADDRESS | <b>KAMM, LEA</b>                                                             |
| CITY-ST-ZIP    | <b>2800 ELIZABETH AV.</b>                                                    |
|                | <b>ORLANDO, FL. 32804</b>                                                    |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>TREASURER</b>                                                             |
| STREET ADDRESS | <b>COLEMAN, LORRAINE</b>                                                     |
| CITY-ST-ZIP    | <b>1221 CARRIAGE LANE</b>                                                    |
|                | <b>ORLANDO, FL. 32807</b>                                                    |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>VICE PRESIDENT</b>                                                        |
| STREET ADDRESS | <b>WICKHAM, NEAL</b>                                                         |
| CITY-ST-ZIP    | <b>John York - 104 SHORE DR.</b>                                             |
|                | <b>LONGWOOD, FL. 32779</b>                                                   |
| 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 617, 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: **X** *Anne Isler* **REQUIRED ANNE ISLER 4.2-03 407-277-7008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

ATTACHMENT

55040592

#7331765/31/03

DOCUMENT #733176

BELLES + BEAUS SINGLES, INC

P.O. BOX 523

ORLANDO, FL. 32802

7. NEW REGISTERED AGENT: ISLER, ANN

2527 CYPRESS TRACE CIR.

ORLANDO, FL. 32825

PRESIDENT:

ISLER, ANN

2527 CYPRESS TRACE CIR.

ORLANDO, FL. 32825

VICE PRESIDENT:

YORK, JOHN

104 SHORE DR

LONGWOOD, FL. 32779

TREASURER:

COLEMAN, LORRAINE

1221 CARRIAGE LANE

ORLANDO, FL. 32807

DIRECTOR:

KAMM, LEA

2800 ELIZABETH AVE.

ORLANDO, FL. 32804

DIRECTOR:

MIFELIN, BETTYE

242 NOB HILL CIRCLE

LONGWOOD, FL. 32779

DIRECTOR:

YOWELL, ANN

2636 N. WESTMORELAN DR.

ORLANDO, FL. 32804