

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90003 032 ***150.00

DOCUMENT # 155187

1. Entity Name

SINGLETON-HUTCHINSON-WINGO, INC.

Principal Place of Business

**529 N FERNCREEK AVE
 ORLANDO FL 32803
 US**

Mailing Address

**529 N FERNCREEK AVE
 ORLANDO FL 32803
 US**

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 **59-0588570**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, JUDITH C
 529 N. FERNCREEK AVE.
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Michael Simonelli

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

529 N. Ferncreek Ave.

City

Orlando

Zip Code

32803

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

Michael Simonelli
 Signature typed or printed name of registered agent and title if applicable.
MICHAEL SIMONELLI

(NOTE: Registered Agent's signature required when reinstating)

4-18-01

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	PTD	☐ Delete
NAME	ZUBER, MICHAEL	
STREET ADDRESS	6060 ROCKSIDE WOODS BLVD	
CITY-STATE-ZIP	INDEPENDENCE OH	
TITLE	VSD	☐ Delete
NAME	ZUBER, ROBERT	
STREET ADDRESS	6060 ROCKSIDE WOODS BLVD	
CITY-STATE-ZIP	INDEPENDENCE OH	
TITLE	D	☐ Delete
NAME	BROWN, DON P	
STREET ADDRESS	10 CENTER STREET	
CITY-STATE-ZIP	CHAGRIN FALLS OH 44022	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael Zuber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL ZUBER, PRES.

4-18-01

Date

216-524-9797

Daytime Phone

CR2E034 (10/00)