

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90035 044 ***150.00

DOCUMENT # 155187

1. Entity Name

SINGLETON-HUTCHINSON-WINGO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

529 N Ferncreek Avenue

3. Mailing Address

529 N Ferncreek Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL 32803

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Orlando FL 32803

4. FEI Number
59-0588570

Applied For
Not Applicable

Zip Country
32803 USA

Zip Country
32803 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SIMONELLI, MICHAEL

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

529 N Ferncreek Avenue

City Zip Code
Orlando FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MICHAEL ZUBER
6060 ROCKSIDE WOODS BLVD
INDEPENDENCE OH 44131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ROBERT ZUBER
6060 ROCKSIDE WOODS BLVD
INDEPENDENCE OH 44131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DON P BROWN
10 CENTER STREET
CHAGRIN FALLS OH 44022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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

7/16/2004

Date

(216)524-9797

Daytime Phone #

Michael Zuber

CR2E034B (12/02)

Attachment 54064907
#155187

SINGLETON-HUTCHINSON-WINGO, INC.



Insurance

529 NORTH FERNCREEK AVENUE • POST OFFICE BOX 2789

(407) 895-2500 • FAX (407) 895-2510 • ORLANDO, FLORIDA 32802-2789

July 16, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2004 Uniform Business Report

To Whom It May Concern:

As with our sister company, Neale Phypers of Florida, Inc., we did not receive our 2004 UBR. We have also been at the same address for the past nine years, and have always received our forms on a timely basis until this year. Our first notice of the omission was when we received the "Notice of Intent to Dissolve" form which then prompted me to request the enclosed form from your office on July 7th. In view of this problem, we respectfully request that we pay only the \$150.00 fee for which our check is enclosed.

Thank you for your consideration.

Sincerely,

SINGLETON-HUTCHINSON-WINGO, INC.

Michael Zuber

Michael Zuber
President

MZ:kk
Enclosures