

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732610

1. Entity Name

FLORIDA'S SINGING SONS, INC.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90090 017 ****61.25

0031458

360734



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1229 N.E. 37TH ST. FT. LAUDERDALE FL 33334 US		Mailing Address 1229 N.E. 37TH ST. FT. LAUDERDALE FL 33334 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 59-1613719	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCOTT, PATRICK S 111 SE 12TH ST. FORT LAUDERDALE FL 33301
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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.

SIGNATURE _____
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
 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELKER, MARY 707 INTERCOSTAL DRIVE FT. LAUDERDALE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASSETT, CATHY 6331 NE 22ND AVENUE FORT LAUDERDALE FL 33308 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, PATRICK 2070 NE 54 CT FT. LAUDERDALE FL 33308 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBBINS, ALAN. 4317 NE 22ND AVENUE. FT. LAUDERDALE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNELL, KATHRINE 2850 N E 29TH ST FT LAUDERDALE ,FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANARO, JERRY 3221 NE 58TH STREET FT LAUDERDALE FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ 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 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: SIGNATURE REQUIRED 4/25/02 (954) (954) 525-2310

CR2E037 (9/01)