

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733176

1. Entity Name

BELLES & BEAUS SINGLES, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90380 045 ****61.25

0012244

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
NAME YORK, JOHN ☒ Delete
STREET ADDRESS 104 SHORE DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE V
NAME ISLER, ANNE ☐ Change ☒ Addition
STREET ADDRESS 2527 CYPRESS TRACE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32825

TITLE P
NAME KAMM, LEA ☐ Delete
STREET ADDRESS 2800 ELIZABETH AVE
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE T
NAME HALL, TRUDY ☐ Delete
STREET ADDRESS 410 CAPEHART DR.
CITY-ST-ZIP ORLANDO FL

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

TITLE D
NAME MIFFLIN, BETTYE ☐ Delete
STREET ADDRESS 242 NOB HILL CIRCLE
CITY-ST-ZIP LONGWOOD FL

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

TITLE D
NAME YOWELL, ANN ☐ Delete
STREET ADDRESS 2636 N WESTMORELAND DR
CITY-ST-ZIP ORLANDO FL

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

TITLE D
NAME COLEMAN, LORRAINE ☐ Delete
STREET ADDRESS 1221 CARRIAGE LANE
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

407-843-4397

CR2E037 (9/01)