

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90124 001 \*\*\*236.25

**DOCUMENT # 748348**

1. Entity Name

**BEL CANTO SINGERS, INC.**

Principal Place of Business

Mailing Address

**918 PINEAPPLE ROAD  
 SOUTH DAYTONA FL 32119-2543**

**918 PINEAPPLE ROAD  
 SOUTH DAYTONA FL 32119-2543**

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

**59-1954899**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, JUDSON  
 918 PINEAPPLE ROAD  
 SOUTH DAYTONA FL 32119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Judson Rogers*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 **D**  Delete  
 NAME **ROGERS, JUDSON**  
 STREET ADDRESS **918 PINEAPPLE ROAD**  
 CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **FREMONT, EVELYN**  
 STREET ADDRESS **62 RAVENWOOD DR**  
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **PD**  Change  Addition  
 NAME **GERALD D. KRUEH**  
 STREET ADDRESS **1060 RED MAPLE COURT**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **VD**  Delete  
 NAME **MARZ, GRETCHEN**  
 STREET ADDRESS **937-E MEADOW VIEW DR**  
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VD**  Change  Addition  
 NAME **TIM D'AVY**  
 STREET ADDRESS **2366 SALEM DRIVE**  
 CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **T**  Delete  
 NAME **PAINTER, GEORGE**  
 STREET ADDRESS **1005 HILL ST**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **T**  Change  Addition  
 NAME **PETE MONCURE**  
 STREET ADDRESS **134 SEA ST.**  
 CITY-ST-ZIP **NEW SMYRNA BCH, FL 32168**

TITLE **S**  Delete  
 NAME **CAROL, LENLEAVE**  
 STREET ADDRESS **5819 SPRUCE CREEK WOODS DR.**  
 CITY-ST-ZIP **PORT ORANGE FL 32169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **SCHULER, JEANE**  
 STREET ADDRESS **808 PARK AVE**  
 CITY-ST-ZIP **DE LEON SPRINGS FL 32130**

TITLE **S**  Change  Addition  
 NAME **KATHY WHITEHEAD**  
 STREET ADDRESS **71 OCEAN WAY DRIVE**  
 CITY-ST-ZIP **PONCE INLET, FL 32127**

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:

*Judson Rogers*  
**JUDSON ROGERS**

**386-767-2268**

CR2E037 (4/02)