## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 748348

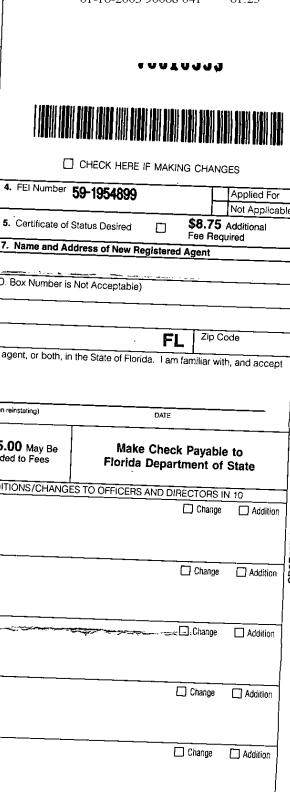
1. Entity Name

BEL CANTO SINGERS, INC.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90068 041 \*\*\*\*61.25



Principal Place of Business Mailing Address 918 PINEAPPLE ROAD 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543 SOUTH DAYTONA FL 32119-2543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Not Applicable Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, JUDSON 918 PINEAPPLE ROAD Street Address (P.O. Box Number is Not Acceptable) SOUTH DAYTONA FL 32119 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ₽ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ROGERS, JUDSON NAME ĝ NAME STREET ADDRESS 918 PINEAPPLE ROAD È CITY-ST-ZIP STREET ADDRESS SOUTH DAYTONA FL 32119 CR2E037 CITY-ST-ZIF TITLE ☐ Delete TITLE NAME KRUHM, GERALD D STREET ADDRESS NAME 1060 RED MAPLE COURT STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP TITLE ۷D Delete - -NAME D'AVY, TIM NAME STREET ADDRESS 2366 SALEM DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA FL 32738 CITY-ST-ZIP TITLE Delete TITLE NAME MONCURE, PETE NAME STREET ADDRESS 134 SEA ST STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP THE ☐ Delete TITLE AME CAROL, LENLEAVE TREET ADDRESS NAME 5819 SPRUCE CREEK WOODS DR. STREET ADDRESS ITY-ST-ZIP PORT ORANGE FL 32169 CITY-ST-ZIP TLE Delete AME WHITEHEAD, KATHY TITLE ☐ Change ☐ Addition REET ADDRESS NAME 71 OCEAN WAY DRIVE STREET ADDRESS TY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP

2. 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 changed or on an attachment with an address, with all other like empowered.

IGNATURE:

-13-03 (296)767-0060