

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91053 038 ***150.00

0088484 AV

DOCUMENT # J83625

1. Entity Name

SINGLETON ENTERPRISES OF GAINESVILLE, INC.



Principal Place of Business
2631 NW 41ST ST
STE A-2
GAINESVILLE FL 32606

Mailing Address
2631 NW 41ST ST
STE A-2
GAINESVILLE FL 32606

2. Principal Place of Business

2131 NW 40th Terr.

3. Mailing Address

2131 NW 40th Terr.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32605

Country

USA

Zip

32605

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2830575**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGLETON, ROBERT
6680 W NEWBERRY RD
GAINESVILLE FL 32605

Name

Zoe Singleton

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

2131-C NW 40th St.

City

Gainesville

FL

Zip Code

32605

7. Name and Address of New Registered Agent

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

Zoe H. Singleton President

4/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 | D | <input type="checkbox"/> Delete |
| NAME | SINGLETON, GEORGE T. | |
| STREET ADDRESS | 6431 LATCHSTRING CT | |
| CITY-ST-ZIP | MELROSE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SINGLETON, ROBERT B. | |
| STREET ADDRESS | 4235 SW 96TH DR | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SINGLETON, ZOE H. | |
| STREET ADDRESS | 4235 SW 96TH DR | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Zoe H. Singleton

4/18/03

(352) 379-5977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)