

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90149 024 \*\*\*550.00

**DOCUMENT # K57081**

1. Entity Name  
**ALVIN J. SINGLETON, INC.**



Principal Place of Business  
**ALVIN J. SINGLETON, INC**  
**2504 N. EUCLID AVE**  
**SARASOTA FL 34234**  
**US**

Mailing Address  
**C/O ALVIN J. SINGLETON**  
**4619 SANDPINE LN**  
**SARASOTA FL 34241**

2. Principal Place of Business

**2504 N. EUCLID AVE**

3. Mailing Address

**P.O. Box 49797**

Suite, Apt. #, etc.

**PO Box 49797**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**Sarasota Florida**

Zip

**34234**

Country

**US**

Zip

**34230**

Country

**US**

4. FEI Number

**65-0090766**

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

Name

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

City

**FL**

Zip Code

**SINGLETON, ALVIN J**  
**2504 N EUCLID AVE**  
**SARASOTA FL 34234**

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

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

(NOTE: Registered Agent signature required when reinstating)

**7-17-2003**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>SINGLETON, ALVIN J.</b>	
STREET ADDRESS	<b>4619 SAND PINE LN</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	<b>SINGLETON, LINDA M.</b>	
STREET ADDRESS	<b>4619 SANDPINE LN</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	<b>Amy M. Singleton</b>	
STREET ADDRESS	<b>1533 NANTUCKET RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	<b>TAD HITCHER</b>	
STREET ADDRESS	<b>3278 PINE VALLEY DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	CHRISTINA M. SINGLETON	<input type="checkbox"/> Delete
NAME	<b>Director</b>	
STREET ADDRESS	<b>2738 SUNSHINE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	<b>SEAN GUTHRIE</b>	
STREET ADDRESS	<b>1533 NANTUCKET ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	

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	
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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-17-2003 944-365**  
Date Daytime Phone # **3359**

CR2E034 (10/02)