

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

inf 4110

DOCUMENT # L99000009239

1. Entity Name
SINGLETARY HOMES, LLC

Principal Place of Business Mailing Address
119 RAYMOND OAKS COURT
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business 3. Mailing Address
FLORIDA
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State SAME AS ABOVE
Zip Country SEMINOLE USA

4. FEI Number 59-3614795 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JEFF SINGLETARY
119 RAYMOND OAKS COURT
ALTAMONTE SPRINGS, FL
32701

7. Name and Address of New Registered Agent

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 MANAGER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS
TITLE MANAGER
NAME JEFF SINGLETARY
STREET ADDRESS 119 RAYMOND OAKS COURT
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

10. ADDITIONS / CHANGES
Change Addition
500003205135-6
-04/12/00--01012--009
*****50.00 *****50.00
Change Addition
Change Addition
Change Addition
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFF SINGLETARY MGR 3/2/00 260-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)