

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

04-29-2002 90122 028 ****70.00

DOCUMENT # N01000002210
 1. Entity Name
SINGLES NETWORK OF NAPLES, INC.

Principal Place of Business Mailing Address
826 WIGGINS PASS ROAD #312 **P OBOX 770263**
NAPLES FL 34110 **NAPLES FL 34107**



DO NOT WRITE IN THIS SPACE

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
59-3721447
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROGERS, WILLIAM L
5150 TAMAMI TRAIL N STE 501
NAPLES FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AL <input checked="" type="checkbox"/> Delete 826 WIGGINS PASS RD #312 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHINDLER, EUGENIA <input type="checkbox"/> Delete 3051 SANDPIPER BAY CIR UNIT I-305 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN CLEVE, VERSIE <input type="checkbox"/> Delete 4212 UTE CT ESTERO FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Versie VanCleve <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4212 Ute Ct ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Schindler, Eugenia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3051 Sandpiper Bay Cir Unit I-305 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Sorenson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 276 Madison Dr. Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beatrice Bruce T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9241 Springrain Blvd #2203 Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIGNATURE REQUIRED* 3-22-02 239 980-8522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)