

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
 NAPLES FL 34110

P OBOX 770263
 NAPLES FL 34107

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

7. Name and Address of New Registered Agent

ROGERS, WILLIAM L
 5150 TAMAMI TRAIL N STE 501
 NAPLES FL 34103

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

| | | |
|----------------|-----------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Versie VanCleve | |
| STREET ADDRESS | 4212 Ute Ct | |
| CITY-ST-ZIP | ESTERO, FL 33928 | |
| TITLE | Secretary-Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schindler, Eugenia | |
| STREET ADDRESS | 3051 Sandpiper Bay Cir Unit I-305 | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | Robert Sorenson | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 276 MADISON DR. | |
| CITY-ST-ZIP | NAPLES, FL 34110 | |
| TITLE | Beatrice Bruce T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 9241 Springrain Blvd #2203 | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |
| 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 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 #

CFR2037 (9/01)