2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003
Secretary of State

DOCUMENT# N01000002210

Entity Name: SINGLES NETWORK OF NAPLES, INC.

Current Principal Place of Business:

826 WIGGINS PASS ROAD #312
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P OBOX 770263
NAPLES, FL 34107

New Mailing Address:

FEI Number: 59-3721447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SCHINDLER, EUGENIA
Address: 3051 SANDPIPER BAY CIR UNIT I-305
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete
Name: VAN CLEVE, VERSIE
Address: 4212 UTE CT
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete
Name: SORENSE, ROBERT
Address: 276 MADISON DR
City-St-Zip: NAPLES, FL 3410

Title: T ( ) Delete
Name: BRUCE, BEATRICE
Address: 9241 SPRING RUN BLVD #2203
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SORENSEN, ROBERT
Address: 276 MADISON DR
City-St-Zip: NAPLES, FL 3410

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERSIE VANCLEVE P 04/18/2003

Electronic Signature of Signing Officer or Director Date