

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90026 029 \*\*\*\*61.25

**DOCUMENT # N94000002144**

1. Entity Name

**SUPER SINGLES OF FLORIDA, INC.**

Principal Place of Business

190 S NOVA RD  
 ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 2504  
 ORMOND BEACH FL 32175

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

**59-3250348**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FREESE, THUVIA**  
**6207 KLONDIKE DR.**  
**PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name  
**GLADYS LARGENT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4193 WOODLAND CIR**  
 City  
**DELAND** FL Zip Code  
**32724**

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

*Gladys Largent*

**2-7-01**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FREESE, THUVIA</b>	
STREET ADDRESS	<b>6207 KLONDIKE DR.</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>STILL, BETTY</b>	
STREET ADDRESS	<b>1524 S RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32132</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MUSGROVE, HELEN</b>	
STREET ADDRESS	<b>2032 JASON ST.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLAKEMAN, ED</b>	
STREET ADDRESS	<b>769 HAWKS RIDGE RD</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>TORRES, GEORGE</b>	
STREET ADDRESS	<b>1717 MONTGOMERY AVE.</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CIROTTI, MARY</b>	
STREET ADDRESS	<b>3120 HOKE DR</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLADYS LARGENT</b>	
STREET ADDRESS	<b>4193 WOODLAND CIR</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSGROVE, HELEN</b>	
STREET ADDRESS	<b>2032 JASON ST.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL. 32174</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOMMER, WAYNE</b>	
STREET ADDRESS	<b>1263 PILGRIM PL</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL. 32119</b>	
TITLE	<b>SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFE, EVELYN</b>	
STREET ADDRESS	<b>434 WASH LN</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>TREAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, GEORGE</b>	
STREET ADDRESS	<b>1717 MONTGOMERY AVE</b>	
CITY-ST-ZIP	<b>HOLLY HILL, FL. 32117</b>	
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: *Gladys Largent*

**2-7-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (10/00)