

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90010 017 ****61.25

DOCUMENT # N94000002144

1. Entity Name

SUPER SINGLES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

190 S NOVA RD
 ORMOND BEACH FL 32174

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARGENT, GLADYS
4193 WOODLAND CIR
DELAND FL 32724

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARGENT, GLADYS	
STREET ADDRESS	4193 - WOODLAND CIR	
CITY-ST-ZIP	DELAND, FL. 32724	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGROVE, HELEN	
STREET ADDRESS	2032 JASON ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, GEORGE	
STREET ADDRESS	1717 MONTGOMERY AV	
CITY-ST-ZIP	Holly Hill FL 32117	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josephine Reed	
STREET ADDRESS	125 Dover Lane	
CITY-ST-ZIP	Deland FL 32724	
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: *Glady Largent* **SIGNATURE REQUIRED**

1/9/02 736-0749 386-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)