

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002144

1. Entity Name

SUPER SINGLES OF FLORIDA, INC.

FILED

Feb 01, 2002 8:00 am
Secretary of State

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

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

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 ☒ Delete
NAME FREESE, THUVIA
STREET ADDRESS 6207 KLONDIKE DR.
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE P ☐ Change ☒ Addition
NAME LARGENT, GLADYS
STREET ADDRESS 4193 - WOODLAND CIR
CITY-ST-ZIP DELAND, FL 32724

TITLE VP ☒ Delete
NAME STILL, BETTY
STREET ADDRESS 1524 S RIVERSIDE DR.
CITY-ST-ZIP EDGEWATER FL 32132

TITLE VP ☒ Change ☐ Addition
NAME MUSGROVE, HELEN
STREET ADDRESS 2032 JASON ST
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VP ☐ Delete
NAME MUSGROVE, HELEN
STREET ADDRESS 2032 JASON ST.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME TORRES, GEORGE
STREET ADDRESS 1717 MONTGOMERY AV
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE D ☒ Delete
NAME BLAKEMAN, ED
STREET ADDRESS 769 HAWKS RIDGE RD
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE S ☐ Change ☒ Addition
NAME Josephine Reed
STREET ADDRESS 125 DOVER LANE
CITY-ST-ZIP DELAND FL 32724

TITLE T ☐ Delete
NAME TORRES, GEORGE
STREET ADDRESS 1717 MONTGOMERY AVE.
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CIROTTI, MARY
STREET ADDRESS 3120 HOKE DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 386-736-0749

CR2E037 (9/01)