

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-27-2003 90243 033 ****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**

33007893



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3250348**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **PATRICIA FROMMEYER**

Street Address (P.O. Box Number is Not Acceptable)

2209 CRANE LAKES BLVD

City **PORT ORANGE**

FL

Zip Code

32128

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gladys Largent Patricia Frommeyer **1-18-03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	LARGENT, GLADYS	
STREET ADDRESS	4193 WOODLAND CR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VP	☒ Delete
NAME	MUSGROVE, HELEN	
STREET ADDRESS	2032 JASON ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	☒ CHANGE
NAME	MUSGROVE, HELEN	
STREET ADDRESS	2032 JASON ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☒ Delete
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	T	☒ Delete
NAME	CIROTTI, MARY	
STREET ADDRESS	3120 HOKE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	

TITLE	P	☒ Change ☐ Addition
NAME	PATRICIA FROMMEYER	
STREET ADDRESS	2209 CRANE LAKES BLVD	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	VP	☒ Change ☐ Addition
NAME	ANNA ADKINS	
STREET ADDRESS	P.O. BOX 2730	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	VP	☒ Change ☐ Addition
NAME	LARGENT, GLADYS	
STREET ADDRESS	4193 WOODLAND CR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	☒ Change ☐ Addition
NAME	JANE McCullough	
STREET ADDRESS	2265 LA ROSA LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	T	☐ Change ☒ Addition
NAME	DOUGLAS DUPONT	
STREET ADDRESS	914 TALL PINE DE.	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	T	☐ Change ☐ Addition
NAME	TESSA CRAIG	
STREET ADDRESS	227 PINE CONE TRAIL	
CITY-ST-ZIP	ORMOND Bch, FL 32174	

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:

Patricia Frommeyer **Patricia Frommeyer** **1/15/03** **386-756-7955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)