

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004117

1. Entity Name

BRANDON'S FRIENDLY SINGLES, INC.

Principal Place of Business

501 WILBER STREET  
BRANDON FL 33511

Mailing Address

5071 HWY 60 E.  
BARTOW FL 33830  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3210 CHRISTMAS TREE LN.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33565-5601

Country

HILLSBOROUGH

4. FEI Number

65-0626536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINT, MARY E  
601 COTTAGE GROVE CIRCLE  
VALRICO FL 33594

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINT, MARY E 601 COTTAGE GROVE CIRCLE VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECKART, WILL 5071 HWY 60 E BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAWFORD, JACK 902 SUMMIT RIDGE DR BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESTON, DORATHEE 1527 THOMPSON RD LITHIA FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ANGELA 2205 MALIBU DR BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANKS, MIRANDA 1728 DOVE FIELD RD BRANDON FL 33510	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD DONNA SUE LLOYD 3210 CHRISTMAS TREE LANE PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD LOUIS LEONE 350 LAKEWOOD DR. BRANDON, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD DORATHEE HESTON 1527 THOMPSON RD LITHIA FL 33547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD MAXINE LAW 1414 LOREA LANE BRANDON, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD BETTY HILLIARD P.O. BOX 1321 THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Donna S. Lloyd*

DONNA S. LLOYD, PRESIDENT

4-19-01 813-986-7179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90360 029 \*\*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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