

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90237 032 ****61.25

DOCUMENT # N98000002560

1. Entity Name

50+ FUN IN THE SUN SINGLES, INC.



Principal Place of Business

**4041 SE 11 PLACE
SUITE 102
CAPE CORAL FL 33904
US**

Mailing Address

**4041 SE 11 PLACE
SUITE 102
CAPE CORAL FL 33904
US**

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 **65-0828044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASHMORE, RUTH
4041 SE 11 PLACE
SUITE 102
CAPE CORAL FL 33904**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ASHMORE, RUTH E**
STREET ADDRESS **4041 SE 11 PLACE - SUITE #102**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, ARVIN**
STREET ADDRESS **5151 ATLANTA AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **SD** ☐ Delete
NAME **GYURE, JOYCE**
STREET ADDRESS **14531 GROUDE CAY CIRCLE #3002**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **VD** ☒ Delete
NAME **ADKINS, JUNE**
STREET ADDRESS **607 SE 47 STREET #7**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **VP Walser, Mike**
STREET ADDRESS **17192 Haitian Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33912**

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

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: **SIGNATURE REQUIRED Ashmore**

1-30-03

239445-7096

CR2E037 (10/02)