

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91769 011 ***550.00

DOCUMENT # P00000038668

1. Entity Name
BILL SINGLETON PROPERTIES, INC.

Principal Place of Business
 802 MAPLE FOREST AVENUE
 CLERMONT FL 34711

Mailing Address
 802 MAPLE FOREST AVENUE
 CLERMONT FL 34711

2. Principal Place of Business
 1641 LAKE MARION DR.
 Suite, Apt. #, etc.

3. Mailing Address
 1641 LAKE MARION DR.
 Suite, Apt. #, etc.

City & State
 APOPKA, FL
Zip
 32712
Country
 ORANGE

City & State
 APOPKA, FL
Zip
 32712
Country
 ORANGE

4. FEI Number
 59-3641417

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TWYMAN, DUSTY L
 12200 WEST COLONIAL DRIVE
 SUITE 302
 WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name
 William B. SINGLETON
Street Address (P.O. Box Number is Not Acceptable)
 1641 LAKE MARION DR.
City
 APOPKA, FL **FL** **Zip Code**
 32712

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 *William B. Singleton* **William B. SINGLETON, PRESIDENT** **5/3/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 D ☐ Delete
NAME
 SINGLETON, WILLIAM B
STREET ADDRESS
 802 MAPLE FOREST AVENUE
CITY-ST-ZIP
 CLERMONT FL 34711

TITLE
 D.V.P. ☐ Delete
NAME
 ANTONIETA K. SINGLETON
STREET ADDRESS
 1641 LAKE MARION DR.
CITY-ST-ZIP
 APOPKA, FL 32712

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 D, PRESIDENT ☒ Change ☐ Addition
NAME
 SINGLETON, William B.
STREET ADDRESS
 1641 LAKE MARION DR.
CITY-ST-ZIP
 APOPKA, FL 32712

TITLE
 D.V.P. ☐ Change ☒ Addition
NAME
 ANTONIETA K. SINGLETON
STREET ADDRESS
 1641 LAKE MARION DR.
CITY-ST-ZIP
 APOPKA, FL 32712

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *William B. Singleton* **William B. SINGLETON, PRESIDENT** **5/03/02 407-880-1522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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