

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000070690

1. Entity Name

RONIN CONSULTANTS, INC.

APPROVED
AND
FILED

02 SEP 26 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008171140--0
-10/03/02--01017--024
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18970 NW 6 CT.

3. Mailing Address

18970 NW 6 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33169

Country

Zip
33169

Country

4. FEI Number

05-1028691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LANCE S. SINGLETON

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

18970 NW 6 CT

City MIAMI

FL

Zip Code
33169

**DO NOT WRITE
IN THIS SPACE**

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

Lance S. Singleton

Signature, typed or printed name of registered agent and title if applicable.

(NO 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	(CEO) LANCE S. SINGLETON 18970 NW 6 CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(P/S) ELIZABETH M. SINGLETON 18970 NW 6 CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(VP/D) ERNEST RAGAN SINGLETON 18970 NW 6 CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(T) LANCE A D. SINGLETON 18970 NW 6 CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(D) STANLEY ALEXIS 18970 NW 6 CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(D) ABYSENIA SINGLETON 18970 NW 6 CT. MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth M. Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02

Date

(305) 653-1957

Telephone #

CR2E0348 (12/01)

ATTACHMENT

(D) KAMERON BAKER
18970 NW 6 CT.
MIAMI, FL 33169

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS AND THEREFORE BELIEVE THAT THIS IS WHY I NEVER RECEIVED IT.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

A handwritten signature in cursive script, reading "Elizabeth M. Singleton".

ELIZABETH M. SINGLETON
PRESIDENT

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RONIN CONSULTANTS, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED
SEP 26 AM 9:41
TALLAHASSEE, FLORIDA
DEPT. OF STATE
CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials