

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010052

DOCUMENT # P00000112234

1. Entity Name

SINGLETON PROPERTIES, INC.

Principal Place of Business

2338 IMMOKALEE ROAD SUITE 101  
NAPLES FL 34110

Mailing Address

2338 IMMOKALEE ROAD SUITE 101  
NAPLES FL 34110

FILED

01 MAY -2 PM 12: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

UNIT 16,  
2408 LINWOOD AVE  
NAPLES, FL

3. Mailing Address

2408 LINWOOD AVE  
Suite, Apt. #, etc.  
City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip 34112

Country USA

Zip 34112

Country USA

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

ROYSTON, ROBERT D JR  
12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS FL 33907

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SINGLETON, HARRY  
STREET ADDRESS 2338 IMMOKALEE ROAD SUITE 101  
CITY-ST-ZIP NAPLES FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004136884-05/04/01-01085-027  
\*\*\*\*150.00 \*\*\*\*150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)