

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

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 006 ***150.00

DOCUMENT # **002000003869**

1. Entity Name

Cedric Singletary & Associates Inc.



DO NOT WRITE IN THIS SPACE

90134995

2. Principal Place of Business

3516 Dawson Street

Suite, Apt. #, etc.

3. Mailing Address

3516 Dawson Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32209

Country

DUVAL

Zip

32209

Country

DUVAL

4. FEI Number

59374-7124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Cedric Singletary

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

3516 Dawson Street

City

Jacksonville

FL

Zip Code

32209

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

SIGNATURE

Cedric L. Singletary / Cedric L. Singletary President 5-12-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Cedric Singletary**
STREET ADDRESS **3516 Dawson Street**
CITY-ST-ZIP **Jacksonville, Florida 32209**

TITLE **Vice President**
NAME **Carolyn Lewis**
STREET ADDRESS **3516 Dawson Street**
CITY-ST-ZIP **Jacksonville, Florida 32209**

TITLE **Treasurer**
NAME **Marge Cuffie**
STREET ADDRESS **3516 Dawson Street**
CITY-ST-ZIP **Jacksonville, Florida 32209**

TITLE **Secretary**
NAME **Sabrina Singletary**
STREET ADDRESS **3516 Dawson Street**
CITY-ST-ZIP **Jacksonville, Florida 32209**

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cedric L. Singletary / Cedric L. Singletary 5-12-03 904-791-8908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

90134995
P02000003869

May 13, 2003

To whom it may concern,

This letter that I am writing, is in regards to the most recent conversation, that took place with one of your employees. While speaking with Tom the information that I did not receive pertaining to my corporation renewal has led my fee to be late. I apologize for any misunderstandings on my behalf, but Tom explained to me to send a letter to this office, along with payment after receiving the proper forms from your department. I am sorry, but I never received any notification of renewal, therefore I didn't know it was due.

Thank You,

Cedric L. Singletary
Cedric L. Singletary