2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

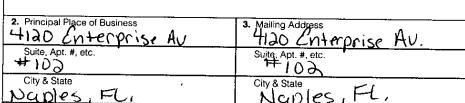
DOCUMENT # P02000128140



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90229 045 ***150.00

1. Entity Name SINGLETARY SPECIAL1		
		WE TO
Principal Place of Business	Mailing Address	
1988 46TH STREET SW	1988 46TH STREET SW	
NAPLES FL 34116	NAPLES FL 34116	



Singletary (V-President



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current F	Registered Agent	<u></u>	7. Name and Address of New Re	aletara	
US 14	zip34104	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required
, FL,	Naples	,FL,	4. FEI Number 74-307 15	27	Applied For Not Applicable
	City & State	·			

SINGLETARY, NICOLE
1988 46TH STREET SW
NAPLES FL 34116

Name		 <u></u>	
Street Address (P.O. Box Number is	Not Acceptable)	 	
City	_	 	

3.	The above named entity submits this statement for the purpose	of changing its registered effice as a sistered	
	the abligation of the purpose	e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar v	with, and accept.
	the obligations of registered agent.		

	4 7 4	9		
-	- FILE - N			
	FILE N	ÓMIII FEF	E IS \$150.00	
	After May	1,2003 Fee	will be \$550.00)
		,		*

9.	Election Campaign Financing
	Trust Fund Contribution.

Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.0 □ Adde	00 May Be d to Fees
10.	OFFICERS AND DIRECTO	11.	ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	VP SINGLETARY, NICOLE 1988 46TH STREET SW NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETARY, CHARLES 1988 46TH STREET SW NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en engeligen in den byen gegen en en e	_ Delete	NAME STREET ADDRESS CITY-ST-ZIP	5125 55 0 5 2, 3		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7/P			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 Block 11 if

SIGNATURE: