

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90430 005 \*\*\*150.00

DOCUMENT # P97000094532

1. Entity Name

SINGER SERVICES, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14143 CONIFER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

14143 CONIFER DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-3478131

Applied For

Not Applicable

Zip

32832

Country

USA

Zip

32832

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DEBORAH P. SINGER

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

14143 CONIFER DRIVE

City

ORLANDO

FL

Zip Code

32832

**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

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)

**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  
D  
SINGER, DEBORAH P  
14143 CONIFER DRIVE  
ORLANDO, FL 32832

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
DAVID SINGER, DAVID  
14143 CONIFER DRIVE  
ORLANDO, FL 32832

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 employees.

SIGNATURE

Deborah P. Singer, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

Date

Daytime Phone #

4072776413

DEBORAH P. SINGER, DIRECTOR

CR2E034B (12/01)