


FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90232 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000097555</b>			
1. Entity Name <b>SINGLES NETWORK OF AMERICA, INC.</b>			
Principal Place of Business <b>1714 CAPE CORAL PARKWAY CAPE CORAL, FL 33904</b>		Mailing Address <b>4212 UTE COURT ESTERO, FL 33928</b>	
2. Principal Place of Business <b>4212 Ute Ct.</b>	3. Mailing Address <b>4212 Ute Ct.</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <b>Estero, FL</b>	City & State <b>Estero, FL</b>	4. FEI Number <b>65-1001082</b>	
Zip <b>33928</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent <b>ROOSA, RICHARD V 1714 CAPE COAL PARKWAY CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Versie VanCleve</b> Street Address (P.O. Box Number Is Not Acceptable) <b>4212 Ute Court</b> City <b>Estero</b> FL Zip Code <b>33928</b>	
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 <b>Versie VanCleve</b> <b>Versie VanCleve</b> 4/23/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN CLEVE, VERSIE 4212 UTE COURT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORVATH, GEORGE 3015 HORIZON LANE #2701 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLS, SANDRA 4212 Ute Ct ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Versie VanCleve</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-23-03</b> <small>Date Daytime Phone #</small>	

CR2E034 (10/02)