2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

4005 BAHIA ISLE CIR

V13738 **DOCUMENT #**

1. Entity Name

Principal Place of Business

4005 BAHIA ISLE CIR

SINGLE CHRISTIANS SOCIAL CLUB, INC.



Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90318 026 ***150.00

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2. Principal Place of Business		3. Mailing Address						
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Zip Country		Zip	Country		65-0316634		Not Ap	plicable
			Journal		5. Certificate of Status Desired	Fee	.75 Addition Required	nal
-	6. Name and Address of Currer	nt Registered Agent	NI:	7 ime	. Name and Address of New Re	gistered Age	nt	
MCGREGOR, RONALD C.			114					
1	IIA ISLE CIR		Street Addres		ss (P.O. Box Number is Not Acceptable)			
(TON FL 33467				<u> </u>			
	•		Ci	у		FL	Zip Code	
The above named entity submits this statement for the purpose of changing its return about				ice or registered a	agent, or both, in the State of Flor		•	accont
the obligat	tions of registered agent.		3		agorit, or obtain in the otale of 1 to	ida. Tamiami	iai witii, aiiu i	accept
SIGNATURE								
,	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	OTE: Registered Agen	signature required wher	n reinstating)	DATE		_
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Fina	incina	¢ E 00	
Make Check	r May 1, 2003 Fee will be \$550.00 (Payable to Florida Department o	of State	State		Trust Fund Contribution.		\$5.00 Ma Added to Fe	ay Be ees
. 10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTORS IN	11
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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 Block 11 if SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)