FILED

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

Jan 30, 2003 8:00 am **Secretary of State** V43676 DOCUMENT # 01-30-2003 90135 035 ***150.00 1. Entity Name SINGER AND SINGER INDUSTRIES, INC. Principal Place of Business Mailing Address 22200 LAKE SENECA ROAD 22200 LAKE SENECA ROAD EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3135058 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCHARD, CLAYTON H Street Address (P.O. Box Number is Not Acceptable) 35 E PINEHURST BLVD EUSTIS FL 32726 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition SINGER, BRETT A NAME NAME STREET ADDRESS 10240 PRIMROSE LANE. STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE SINGER, TROY W NAME NAME STREET ADDRESS 205 LAKECREST DRIVE STREET ADDRESS CITY-ST-ZIP TAVARES FL 32778 CITY-ST-ZIP Delete -- Change TITLE TITLE Addition SINGER, JACQUELYN P NAME NAME STREET ADDRESS 10240 PRIMROSE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ Delete

☐ Addition