

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State
 08-07-2002 90186 036 ***550.00

DOCUMENT # 238157

1. Entity Name
TOWNSEND SENFT CONSULTING & INSURANCE, INC.

Principal Place of Business
1317 CITIZENS BLVD.
LEESBURG FL 34748

Mailing Address
1317 CITIZENS BLVD.
LEESBURG FL 34748

2. Principal Place of Business
18 N. 6th St.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 157
 Suite, Apt. #, etc.

City & State
Haines City
 Zip
33844 Country
Polk

City & State
Haines City
 Zip
33845-0157 Country
Polk

4. FEI Number
59-1171647

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SENFT, PAUL H JR
1910 PENINSULAR DRIVE
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
PD
 NAME
SENFT, H. PAUL, JR ☐ Delete
 STREET ADDRESS
1910 PENINSULAR DR.
 CITY-ST-ZIP
HAINES CITY FL

TITLE
VPST ☒ Delete
 NAME
CROSTHWAITE, KAREN
 STREET ADDRESS
18 N 6TH TREET
 CITY-ST-ZIP
HAINES CITY FL 33844

TITLE
VP ☒ Delete
 NAME
JORDON, J.W.
 STREET ADDRESS
LAKE ELSIE DR.
 CITY-ST-ZIP
HAINES CITY FL

TITLE
~~Mary T. Senft~~ ☐ Delete
 NAME
~~VPST~~
 STREET ADDRESS

 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Vice President Secretary & Treasurer ☒ Change ☒ Addition
 NAME
Mary T. Senft
 STREET ADDRESS
18 N 6th St.
 CITY-ST-ZIP
Haines City, Fla. 33844

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-2-02** Daytime Phone # **863-422-2365**

CR2E034 (9/01)