2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90113 045 ****61.25

DOCUMENT # N46752

1. Entity Name

PORT SAINT JOHN SENIOR'S INC.

Principal Place of Business	Mailing Address
1230 B CHENEY HWY TITUSVILLE FL 32780	PORT SAINT JOHN SENIORS INC. P.O. BOX 10084 PORT SAINT JOHN FL 32927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6027 CARDIFF AVE Suite, Apt. #, etc.	PORT SAINT JOHN SENIORS INC. Suite, Apt. #, etc. PO BOX 10084
City & State: PORT SAINT JOHN FL.	City & State: PORT SAINT JOHN FL
Zip: 32927-0084 Country: BREVARD	Zip: 32927 Country: BREVARD

4. FEI Number: 59-3096014 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COPPOLA, JACK 1230 B CHENEY HWY TITUSVILLE FL 32780	Name: BIGOS, ED Street Address (P.O. Box Number is Not Acceptable): 6027 CARDIFF AVE City: PORT SAINT JOHN **FL** Zip Code: 32927

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: BIGOS ED PRESIDENT — 3-1-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURST, WILLIAM 6865 BELFAST AVE. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COPPOLA, BETTY 1230 B CHENEY HWY TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BIGOS ED 6027 CARDIFF AVE PORT SAINT JOHN FL. 32927	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COPPOLA, JACK 1230 B CHENEY HWY TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARNETT CHARLES 4580 FAY BLVD. COCOA FL. 32927	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUEGER, MARK 5045 MAYFLOWER ST. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'HARA, ROSE 4275 FAY BLVD. PORT SAINT JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKSON, DOROTHY 6210 ARBOR AVE PORT SAINT JOHN FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWINEHART LOREN 5980 GILSON AVE COCOA FL. 32927	☒ Change ☐ Addition

CR2E037 (9/01)

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 617, 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: Loren Swinehart Treasurer — 3-1-2002 — 321 636-9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #