


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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90036 042 ***150.00

DOCUMENT # P0100084480

1. Entity Name
TODAYS SENIORS OF FLORIDA, INC.



Principal Place of Business
**2500 QUAMUN LAKES DR
203
BOYNTON BEACH, FL 33426**

Mailing Address
**7158 TREVISO LANE
BOYNTON BEACH, FL 33437**

2. Principal Place of Business *LAKES DR*
2500 QUANTUM SUITE 203

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOYNTON BEACH

City & State
City & State

Zip
33426

Country
FLORIDA



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent
**-SHENKMAN, BENJAMIN P. ESQ.
2500 QUANTUM LAKES DRIVE, SUITE 203
BOYNTON BEACH, FL 33426**

4. FEI Number
52-2380 120

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE *[Signature]* DATE **4/28/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIEDER, HAROLD I 7158 TREVISO LANE BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/28/2003** **561 853 2218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)