

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90238 044 ***150.00

DOCUMENT # P97000031885

1. Entity Name

SENIOR PLANNING RESOURCES, INC.

Principal Place of Business

Mailing Address

28100 US HWY 19 N.
 SUITE 509
 CLEARWATER FL 33761

P O BOX 31
 LECANTO FL 34460

00059157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5251 Golden Gate Pkwy
 Suite, Apt. #, etc. Suite G

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number **59-3438737**

Applied For
 Not Applicable

Zip Country
 34116 USA

Zip Country
 34116 USA

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

DESIMONE, RICHARD W
 2928 LONGBROOKE WAY
 CLEARWATER FL 33760

Name

Street Address (P.O. Box Number is Not Acceptable)

1566-A Trafalgar Lane

City

Naples

FL

Zip Code

34116

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 *Richard W Desimone*

7-16-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **DESIMONE, RICHARD W**
 CITY-ST-ZIP **2860 W ESCAMBIA LANE**
LECANTO FL 34461

TITLE Change Addition
 NAME
 STREET ADDRESS **1566-A Trafalgar Lane**
 CITY-ST-ZIP **Naples, FL 34116**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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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: *Richard W Desimone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01

Date

941-348-9720

Daytime Phone #

0650678

CR2E034 (10/00)