


**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

4. FEI Number  
**52-2380 120**

Applied For  
 Not Applicable

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**

7. Name and Address of New Registered Agent

Name

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

City

State **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  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, 2002 Fee will be \$50.00  
Make Check Payable to Florida Department of State

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

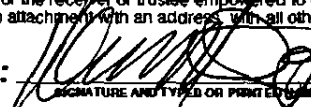
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FRIEDER, HAROLD I	7158 TREVISO LANE	BOYNTON BEACH, FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4/28/2003** **561 853 2218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)