

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90227 022 ****50.00

DOCUMENT # L00000013405

1. Entity Name

PROBLEM SOLVING FOR THE SENIORS, LLC

Principal Place of Business

886 RIVERSIDE DRIVE
ORLANDO FL 32176

Mailing Address

P.O. BOX 2566
ORMOND BEACH FL 32175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

Zip

32176

Country

Zip

Country

6. Name and Address of Current Registered Agent

REVILOCK, JOHN S

886 RIVERSIDE DRIVE

ORLANDO FL 32176 **ORMOND BEACH, FL 32176**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JENNINGS, ANNE ROONEY
886 RIVERSIDE DRIVE
ORLANDO FL 32176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REVILOCK, JOHN S
886 RIVERSIDE DRIVE
ORLANDO FL 32176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
ORMOND BEACH, FL 32176

TITLE
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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOHN S REVILOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/12/02 386-671-2953

Daytime Phone #

CR2E083 (9/01)