

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90256 032 ****61.25

DOCUMENT # N93000003407

1. Entity Name

SENIOR NETWORKING, INC.

Principal Place of Business

Mailing Address

4824 TANGERINE AVE
 WINTER PARK FL 32792
 US

4824 TANGERINE AVE
 WINTER PARK FL 32792
 US

2. Principal Place of Business

3. Mailing Address

4824 Tangerine Ave
 Suite, Apt. #, etc.

4824 Tangerine Ave
 Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL 32792

Zip

32792

Country

Orange

Zip

32792

Country

Orange

4. FEI Number

59-3196831

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

THARP, THELMA
 4824 TANGERINE AVE
 WINTER PARK FL 32792

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 \$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

TITLE	PTDS	<input type="checkbox"/> Delete
NAME	THARP, THELMA	
STREET ADDRESS	4824 TANGERINE AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, DAVID	
STREET ADDRESS	17C GEORGETOWN DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUGNACKI, GARY	
STREET ADDRESS	5419 SPAATZ AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUNABIA, ABBY	
STREET ADDRESS	711-E COLONIAL AVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUZACK, ISA	
STREET ADDRESS	12725 PADDLE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTTON, DONALD	
STREET ADDRESS	4106 FLORALWOOD CT.	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Thelma Tharp* Thelma Tharp

1/6/01

407-679-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)