

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003345

1. Entity Name  
SENIOR ADVISORY SEMINARS INC.

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90037 009 \*\*\*\*61.25

Principal Place of Business

20 SYLVIA PLACE  
OLDSMAR FL 34677-2316

Mailing Address

20 SYLVIA PLACE  
OLDSMAR FL 34677-2316

2. Principal Place of Business

20 Sylvia Place  
Suite, Apt. #, etc.

3. Mailing Address

20 Sylvia Place  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Oldsmar FL

City & State  
Oldsmar FL

4. FEI Number 04-5247781

Applied For  
Not Applicable

Zip  
34677-2316 Country  
Pinellas

Zip  
34677-2316 Country  
Pinellas

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

6. Name and Address of Current Registered Agent

BARRETT, LEO J  
20 SYLVIA PLACE  
OLDSMAR FL 34677-2316

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP BARRETT, LEO J 20 SYLVIA PLACE OLDSMAR FL 34677-2316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZANE, MIRIAM S 20 SYLVIA PLACE OLDSMAR FL 34677-2316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEWSKI, DEBORAH M 20 SYLVIA PLACE OLDSMAR FL 34677-2316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Leo J Barrett* 1-28-02 1-727-784-7843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)