

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2001 90152 015 \*\*\*\*61.25

DOCUMENT # N98000000524

1. Entity Name

SENIORS AND LAWENFORCEMENT TOGETHER, INC.

Principal Place of Business

Mailing Address

1250 EGLIN PARKWAY
SHALIMAR FL 32579-2307

1250 EGLIN PARKWAY
SHALIMAR FL 32579-2307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME LEWIS, JAMES E
STREET ADDRESS 1018 37TH ST
CITY-ST-ZIP NICEVILLE FL 32578

Delete

TITLE DT
NAME CAMERON, SUSIE
STREET ADDRESS 314 ECHO CIRCLE
CITY-ST-ZIP FT WALTON BCH FL 32548

Delete

TITLE DS
NAME STOVALL, MARIANNA
STREET ADDRESS 311 COUNTRY CLUB DR
CITY-ST-ZIP SHALIMAR FL 32579

Delete

TITLE DV
NAME SAWYER, JIM
STREET ADDRESS 502 DONA DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

Delete

TITLE DT
NAME DOHERTY, GAYLENE
STREET ADDRESS 915 SHALIMAR PT DR
CITY-ST-ZIP SHALIMAR FL 32579

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE VP
NAME JAMES WILSON
STREET ADDRESS 510 NEWCASTLE DR.
CITY-ST-ZIP FT. WALTON BEACH FL. 32547

Change

Addition

TITLE VP
NAME JAMES LEWIS
STREET ADDRESS 1018 37th ST.
CITY-ST-ZIP NICEVILLE, FL. 32578

Change

Addition

TITLE T
NAME JAMES SAWYER
STREET ADDRESS 502 DONA AVENUE
CITY-ST-ZIP FT WALTON BEACH, FL. 32547

Change

Addition

TITLE S
NAME JERRI SHELLEY
STREET ADDRESS 120 MICHAEL AVE-
CITY-ST-ZIP FT. WALTON BEACH FL. 32547

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 I am empowered.

SIGNATURE:

JAMES WILSON

MAR 26, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)