

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000524

1. Entity Name

SENIORS AND LAWENFORCEMENT TOGETHER, INC.

Principal Place of Business

1250 EGLIN PARKWAY
SHALIMAR FL 32579-2307

Mailing Address

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

☐

\$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	<input type="checkbox"/> Delete
NAME	WILSON, JAMES	
STREET ADDRESS	510 NEWCASTLE DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JAMES	
STREET ADDRESS	1018 37TH COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAWTER, JAMES	
STREET ADDRESS	502 DONNA AVENUE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHELLEY, JERRI	
STREET ADDRESS	120 MICHAEL AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DOHERTY, GAYLENE	
STREET ADDRESS	915 SHALIMAR PT DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGEBORG NICHOLS	
STREET ADDRESS	14 BIRCH AVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
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:

JAMES WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-862-4402

Daytime Phone #

CR2E037 (9/01)

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

03-22-2002 90028 047 ****61.25

80046554



DO NOT WRITE IN THIS SPACE