APPROVED AND FILED

02 JUN 10 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 51813

1. Entity Name
SENIOR RESEARCH MARKETING, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2001-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
937 Casey Key Rd Suite, Apt. #, etc.	937 Casey Key Road Suite, Apt. #, etc.
City & State: Nokomis FL	City & State: Same
Zip: 34275 Country: U.S.	Zip: Country:

4. FEI Number: 65-1011888 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frederick De Pasquale
Street Address (P.O. Box Number is Not Acceptable): 937 Casey Key Rd.
City: Nokomis FL Zip Code: 34275

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: _____ DATE: 05/31/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.T.D. Frances Sullivan 24 Windward Ct. PLACIDA, FL. 33946
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800005822988--3 -06/18/02--01074--016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****300.00 ****300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Temp R900 ID
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Frances Sullivan Frances Sullivan 05/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #