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FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90298 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087885

1. Entity Name

SENIORS ONLY FINANCIAL, INC.

Principal Place of Business	Mailing Address
~~6130 BAYMEADOWS CIRCLE W. SUITE 211~~ ~~JACKSONVILLE FL 32256~~	~~6130 BAYMEADOWS CIRCLE W. SUITE 211~~ ~~JACKSONVILLE FL 32256~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1726 Kingsley Ave	1726 Kingsley Ave
Suite, Apt. #, etc.: Suite 23	Suite, Apt. #, etc.: Suite 23
City & State: Orange Park, FL	City & State: Orange Park, Fl
Zip: 32073 — Country: Clay	Zip: 32073 — Country: Clay

4. FEI Number: 59-3673393 ☐ 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
FULLER, BARRY J 2301 PARK AVE #404 ORANGE PARK FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) City — 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

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael A. Davis 2850 Birchwood Dr Orange Park, FL 32073 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael A. Davis — 4/20/01 — 904-731-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)