FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 SEP 17 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000118047

1. Entity Name
SENIOR SETTLEMENT HOLDING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6501 PARK OF COMMERCE BLVD.	6501 PARK OF COMMERCE BLVD.
Suite, Apt. #, etc. SUITE 140B	Suite, Apt. #, etc. SUITE 140B
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487 Country US	Zip 33487 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2591141 ☐ 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 JAMES D. TERLIZZI
Street Address (P.O. Box Number Is Not Acceptable)
908 CYPRESS DRIVE
City DELRAY BEACH FL Zip Code 33486

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 ______ JAMES D. TERLIZZI
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) ☒

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	(V.) TERLIZZI, JAMES D. 908 CYPRESS DRIVE DELRAY BEACH, FL 33486	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P.) TRANKINA, TIMOTHY J. 110 NATURE MILL COURT ALPHARETTA, GA 30020	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: ______ JAMES D. TERLIZZI 561-962-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)