

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90155 008 \*\*\*150.00

**DOCUMENT # P01000008618**

1. Entity Name  
**SENIOR MOMENT ENTERPRISES, INC.**



Principal Place of Business  
**1055 NW 121 LANE  
CORAL SPRINGS FL 33071**

Mailing Address  
**1055 NW 121 LANE  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

**728 SW 81 Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**2423 SE 13 Street**

Suite, Apt. #, etc.

City & State

**North Lauderdale FL**

Zip  
**33068**

Country  
**USA**

City & State

**Pompano Beach FL**

Zip  
**33062**

Country  
**USA**

4. FEI Number **65-1067497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ORETSKY, JILL  
1055 NW 121 LANE  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Jill Oretsky Johns**  
Street Address (P.O. Box Number is Not Acceptable)  
**2423 SE 13 Street**  
City **Pompano Beach** **FL** Zip Code **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jill Oretsky Johns*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/20/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ORETSKY, JILL</b> <b>1055 NW 121 LANE</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jill Oretsky Johns</b> <b>2423 SE 13 Street</b> <b>Pompano Beach FL 33062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Timothy Johns</b> <b>2423 SE 13 Street</b> <b>Pompano Beach FL 33062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

*Jill Oretsky Johns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/20/03 9542903433**

CR2E034 (10/02)