

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90141 038 \*\*\*150.00

**DOCUMENT # P01000011016**

1. Entity Name

FLORIDA SENIOR SERVICES, INC.

Principal Place of Business

6924 GRAND AVENUE  
 NEW PORT RICHEY FL 34652

Mailing Address

6924 GRAND AVENUE  
 NEW PORT RICHEY FL 34652

00066412



2. Principal Place of Business

5237 TROUBLE CREEK RD.

3. Mailing Address

5237 TROUBLE CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NPR FL

City & State

NPR FL

4. FEI Number

59-3726826

Applied For

Not Applicable

Zip

34652

Country

U.S.A.

Zip

34652

Country

U.S.A.

5. Certificate of Status: Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRIERO, KENNETH J

6924 GRAND AVENUE

NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

MARK R. WICKS

Street Address (P.O. Box Number is Not Acceptable)

5237 TROUBLE CREEK RD.

City

NPR

FL

Zip Code

34652

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, 2002 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  
 DP  
 WICKS, MARK  
 6924 GRAND AVENUE  
 NEW PORT RICHEY FL 34652

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MARK R. WICKS CREEK  
 5237 TROUBLE CREEK RD.  
 NEW PORT RICHEY FL 34652

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)