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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000022286
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1. Entity Name

SENIOR PROTECTION GROUP, INC.



SEUNETÁRY UF STATE DEVISION OF CORPORATIONS

03 FEB 24 PM 3:50

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, RICHARD 0 1250 W EAU GALLIE BLVD #K MELBOURNE FL 32935-5334 City FL Z 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 familiate the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 the indicated on this report or supplemental additional and accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an an accurate and that my signature shall have the same legal effect as if made under path; that I am an accurate and that my signature shall have the same legal effect as if made under path; that I am an accurate and that my signature shall have the same legal effect as if made under path; that I am an accurate and that my signature shall have the same legal effect as if made under path; that I am an accurate an accurate and that my signature shall have the same legal effect as if made under path; that I am an accurate an accurate an accurate and that my signature shall have the same legal effect as if made under path; that I am an accurate accurate an accurate an accurate accurate an accurate	change Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #