

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90073 030 \*\*\*150.00

0454790 AV

**DOCUMENT # P01000036126**

1. Entity Name

**SENIOR MANAGEMENT SERVICES, INC.**

Principal Place of Business

**311 PARK PLACE BLVD  
SUITE 225  
CLEARWATER FL 33759**

Mailing Address

**311 PARK PLACE BLVD  
SUITE 225  
CLEARWATER FL 33759**

2. Principal Place of Business

**13777 Belcher Road**

3. Mailing Address

**13777 Belcher Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Largo, FL**

City & State  
**Largo, FL**

4. FEI Number

**59-3748059**

Applied For

Not Applicable

Zip  
**33771**

Country  
**Pinellas US**

Zip  
**33771**

Country  
**Pinellas US**

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

**LOMBARDI, RITA A  
311 PARK PLACE BLVD  
SUITE 225  
CLEARWATER FL 33759**

Name

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

**13777 Belcher Road**

City  
**Largo**

**FL**

Zip Code  
**33771**

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

TITLE **D** ☒ Delete  
NAME **LOMBARDI, RITA A**  
STREET ADDRESS **311 PARK PLACE BLVD SUITE 225**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☒ Change ☒ Addition  
NAME **Rita A. Lombardi**  
STREET ADDRESS **13777 Belcher Road**  
CITY-ST-ZIP **Largo, FL 33771**

TITLE **Director-President/Treasurer** ☐ Change ☒ Addition  
NAME **John J. Piazza, Sr.**  
STREET ADDRESS **13777 Belcher Road**  
CITY-ST-ZIP **Largo, FL 33771**

TITLE **Director-Vice President** ☐ Change ☒ Addition  
NAME **Rosemary E. Piazza**  
STREET ADDRESS **13777 Belcher Road**  
CITY-ST-ZIP **Largo, FL 33771**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X Rita A. Lombardi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)