

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM  
AV

DOCUMENT # P01000060525

1. Entity Name

FINANCIAL SERVICES FOR SENIORS, INC.

FILED

02 SEP 18 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8695 COLLEGE PKWY. STE. 221  
FT. MYERS FL 33919

Mailing Address

8695 COLLEGE PKWY. STE. 221  
FT. MYERS FL 33919

2. Principal Place of Business

8695 college Pkwy

Suite, Apt. #, etc.

Ste 237

3. Mailing Address

8695 college Pkwy

Suite, Apt. #, etc.

Ste 237

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33919

Country

US

Zip

33919

Country

US

4. FEI Number

65-1118402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASCIOTTA, PETER

8695 COLLEGE PKWY. STE. 221  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

PETER CASCIOTTA

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

8695 College Pkwy Suite # 237

City

FT. MYERS

FL

Zip Code

33919

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 PETER CASCIOTTA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter Casciotta

8/9/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PSTD  
NAME CASCIOTTA, PETER  
STREET ADDRESS 8695 COLLEGE PKWY., STE. 221  
CITY-ST-ZIP FT. MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS Suite #237 ☒ Change ☐ Addition  
CITY-ST-ZIP

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

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

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

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

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:

Peter Casciotta 9/9/02 941-432-9042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Monday, September 09, 2002

Florida Dept. of State / Division of Corporations  
409 East Gaines St.  
Tallahassee FL, 32399

Due to my ex-wife and in process of divorce, I have not received the majority of my mail, therefore I request an abatement of the penalty. Attached is a check for \$150, the original fee.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Casciotta". The signature is written in dark ink and is positioned above the printed name.

Peter Casciotta