

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

0134209 AT

DOCUMENT # P01000090091

1. Entity Name
EXCLUSIVELY SENIORS FINANCIAL, INC.



08-27-2003 90082 049 ***150.00

Principal Place of Business
**712 SPORTSMAN PARK DR
SEFFNER FL 33584**

Mailing Address
**712 SPORTSMAN PARK DR
SEFFNER FL 33584**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3752704**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TESKE, GARY
712 SPORTSMAN PARK DR
SEFFNER FL 33584**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TESKE, GARY
712 SPORTSMAN PARK DR
SEFFNER FL 33584**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
Exclusively Seniors Financial, Inc.

Gary Teske
Certified Senior Advisor
Certified Estate Planning Professional

PO Box 6842
Seffner, FL 33584

Local: 813-654-0512
Toll Free: 877-905-5445

#80141502
#P01000090091

To Whom It May Concern, 8/23/03
Attached please find a check for \$150.00 for
my filing fee for my corporation. I did not
receive the original notice, therefore have
included the \$150.00 you requested. Please
process my application ASAP.

Thank you for your consideration!

Gary Teske
President
Exclusively Seniors Financial
Inc.
DBA RT Consulting