2002 Uniform Business Report (UBR)

SIGNATURE: X Steven A. Piazza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Apr 11, 2002 8:00 am P01000100731 DOCUMENT # **Secretary of State** 1. Entity Name 04-11-2002 90073 029 ***150.00 SENIOR MANAGEMENT ADVISORS, INC. Principal Place of Business Mailing Address 311 PARK PLACE BLVD 311 PARK PLACE BLVD SUITE 225 SUITE 225 **CLEARWATE FL 33759** CLEARWATE FL 33759 3. Mailing Address 2. Principal Place of Business 13777 Belcher Road 13777 Belcher Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Largo, FL 59-3760379 ⁵Largo, FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 33771 33771 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PIAZZA, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 13777 Belcher Road 311 PARK PLACE BLVD SUITE 225 **CLEARWATE FL 33759** Largo red agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or regis SIGNATURE X. Steven A. Piazza ed when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.90 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Change Addition TITLE Director-Pres. .? Sec. Delete TITLE NAME PIAZZA, STEVEN A NAME Piazza, Steven A STREET ADDRESS 311 PARK PLACE BLVD STREET ADDRESS 13777 Belcher Road CITY-ST-ZIP CITY-ST-ZIP CLEARWATE FL 33759 Large, FL 33771 ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 refluired 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.