

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90143 041 ***150.00

DOCUMENT # P02000013257

1. Entity Name
SENIOR OPTIONS AND SOLUTIONS, INC.



Principal Place of Business
1302 MANGO AVE
VENICE FL 34292

Mailing Address
1302 MANGO AVE
VENICE FL 34292

2. Principal Place of Business
100 Venice Avenue West

3. Mailing Address
100 Venice Avenue West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite I

Suite I

City & State
Venice, FL

City & State
Venice, FL

Zip
34285

Country
USA

Zip
34285

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0602669

Applied For
Not Applicable

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

KLINGBEIL, ROBERT T JR
341 VENICE AVE W
VENICE FL 34285

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **KRUGER, PAMELA A**
STREET ADDRESS **P.O. BOX 1510**
CITY-ST-ZIP **VENICE FL 34284**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1302 Mango Ave.**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **DSP** ☐ Delete
NAME **WALDROP, SANDRA**
STREET ADDRESS **501 BROWN RD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **SV** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Sandra Waldrop* **1/28/03** **941-412-0153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)