

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-13-2003 90686 006 ***150.00

DOCUMENT # P02000051965

1. Entity Name
SENIOR FINANCIAL SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business
**1937 IRVING STREET
SARASOTA FL 34236**

Mailing Address
**1937 IRVING STREET
SARASOTA FL 34236**

55006620



2. Principal Place of Business
677 N. WASHINGTON

3. Mailing Address
677 N. WASHINGTON

Suite, Apt. #, etc.
SUITE 11

Suite, Apt. #, etc.
SUITE 11

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
01-0686329

Applied For
Not Applicable

Zip
34236

Country
SARASOTA

Zip
34236

Country
SARASOTA

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

**BECHTOLD, DANIEL A
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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
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 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2003 (941) 952-5885

Date

Daytime Phone #

CR2E034 (10/02)