

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-02-2001 90097 027 ***150.00

DOCUMENT # P9200000781

1. Entity Name

SENIOR CITIZENS INSURANCE SERVICES, INC.

Principal Place of Business

PO BOX 471
BRADENTON FL 34206
US

Mailing Address

PO BOX 471
BRADENTON FL 34206
US

34020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 MANATEE AVE W

Suite, Apt. #, etc.

SUITE 310

3. Mailing Address

P.O. Box 471

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34205

Country

MANATEE

Zip

34206

Country

MANATEE

4. FEI Number

59-3163503

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENWOOD, RAY
1401 MANATEE AVE., W.
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

N/A

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 | V | <input checked="" type="checkbox"/> Delete |
| NAME | HENWOOD, JEAN | |
| STREET ADDRESS | 1401 MANATEE AVE. W. | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY A. HENWOOD

Date

3-15-01

Daytime Phone #

941-749-5900

CR2E034 (10/00)