2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
01-16-2002 90026 025 ***150.00

DOCUMENT # P92000010781

1. Entity Name
SENIOR CITIZENS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1401 MANATEE AVE W SUITE 310 BRADENTON FL 34205 US	PO BOX 471 BRADENTON FL 34206 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1401 MANATEE AVE W		PO BOX 471	
Suite, Apt. #, etc.: SUITE 310		Suite, Apt. #, etc.: 310	
City & State: BRADENTON FL		City & State: BRADENTON	
Zip: 34205	Country: MANATEE	Zip: FL 34206	Country: MANATEE USA

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HENWOOD, JEAN 1401 MANATEE AVE. W. BRADENTON FL 34205 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REQUESTED DELETION JEAN HENWOOD 2001 - PLEASE WITHDRAW NAME AS OFFICER. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RAY A HENWOOD 5857 FAIRWOODS CIR E SARASOTA FL 34243 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 1/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/2/01-90097-027-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010781

1. Entity Name
SENIOR CITIZENS INSURANCE SERVICES, INC.

Attachment

[redacted]

13844

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
PO BOX 471
BRADENTON FL 34206
US

Mailing Address
PO BOX 471
BRADENTON FL 34206
US

2. Principal Place of Business: 1401 Manatee Ave W
Suite, Apt. #, etc.: Suite 310
City & State: Bradenton, FL
Zip: 34205 Country: Manatee

3. Mailing Address: P.O. Box 471
Suite, Apt. #, etc.:
City & State: Bradenton, FL.
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	☑ Delete
NAME	HENWOOD, JEAN	
STREET ADDRESS	1401 MANATEE AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] Ray A. Henwood 3-15-01 941-749-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

3-15-01 Mailed

Attachment 138446

SENIOR CITIZENS INSURANCE SERVICES, INC.

PROTECTING SENIORS ASSETS FOR OVER 25 YEARS

February 12, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: # P92000010781

Please change the address of this corporation to read as follows:
5857 Fairwoods Cir E
Sarasota, FL 34243

In addition I am the president and sole officer of the company with the same address as above. To my prior request on 3/15/01 and again on 1/8/02 please remove Jean Henwood as an officer with this company.

Yours truly

Ray Henwood
President

Bradenton Financial Center • Home Office: P.O. Box 471 • Bradenton, Florida 34206
Bradenton: 941-749-5900 • Lakeland: 941-644-4437
Toll Free U.S.A.: 800-899-8233 • Fax: 941-749-1787