2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003
Secretary of State

DOCUMENT# P94000028182

Entity Name: SENIOR INSURANCE SPECIALISTS, INC.

Current Principal Place of Business:

1018 CENTERGATE BLVD. E.
CELEBRATION, FL 34747 US

New Principal Place of Business:

163 LONGVIEW AVE
CELEBRATION, FL 34747 US

Current Mailing Address:

1018 CENTERGATE BLVD. E.
CELEBRATION, FL 34747 US

New Mailing Address:

163 LONGVIEW AVE
CELEBRATION, FL 34747 US

FEI Number: 65-0483975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTTINGER, MICHAEL E
1018 CENTERGATE BLVD. E.
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

SUTTINGER, MICHAEL E
163 LONGVIEW AVE
CELEBRATION, FL 34747 US

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: MICHAEL SUTTINGER 08/26/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: SUTTINGER, MICHAEL E
Address: 1018 CENTERGATE BLVD. E.
City-St-Zip: CELEBRATION, FL 34747

Title: P ( ) Delete
Name: SUTTINGER, NHORA M
Address: 1018 CENTERGATE BLVD. E.
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: SUTTINGER, MICHAEL E
Address: 163 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747

Title: P (X) Change ( ) Addition
Name: SUTTINGER, NHORA M
Address: 163 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SUTTINGER ST 08/26/2003
Electronic Signature of Signing Officer or Director Date