

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90185 022 ***150.00

DOCUMENT # P94000052119

1. Entity Name

UNITED LABOR SENIOR DIVISION, INC.

Principal Place of Business

**2536 COUNTRYSIDE BLVD
 SIXTH FLOOR
 CLEARWATER FL 33763
 US**

Mailing Address

**2536 COUNTRYSIDE BLVD
 SIXTH FLOOR
 CLEARWATER FL 33763
 US**

B0080830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3261048**

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

**SHATANOFF, ROBERT HARRY
 2536 COUNTRYSIDE BLVD
 SIXTH FLOOR
 CLEARWATER FL 34623**

Name **North, Heather L**

Street **2536 Countryside Blvd** (Street name is Not Acceptable)

Sixth Floor

Clearwater

33763

City

FL

Zip Code

8. The above named agent

is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Heather L North*

HEATHER L-NORTH 4-17-02.

(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, 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 ☐ Delete
 NAME **DCP**
 STREET ADDRESS **BOESCH, GARY**
 CITY-ST-ZIP **2536 COUNTRYSIDE BLVD., 6TH FLOOR**
CLEARWATER FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 persons empowered.

SIGNATURE:

GARY R BOESCH
GARY R. BOESCH

4-17-02. (727)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)