2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P94000092184 SENIOR AMERICAN INSURANCE & FINANCIAL SERVICES, 03-02-2001 90013 019 ***150.00 Principal Place of Business Mailing Address 1110 94TH AVENUE, NORTH 1110 94TH AVENUE, NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 32702 720464 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3293142 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRYE, MICHAEL I Street Address (P.O. Box Number is Not Acceptable) 1110 - 94TH AVE. N. ST. PETERSBURG FL 33702 Zin Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE FRYE, MICHAEL I NAME NAME STREET ADDRESS 1110 94TH AVENUE, NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE FRYE, GAIL NAME NAME STREET ADDRESS 1110 94TH AVENUE, NORTH STREET ADDRESS CITY-ST-7/P ST. PETERSBURG FL 33702 CITY-ST-ZIP Charige ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP iting does not qualify to and accurate and that r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this fli indicated on this report or supplemental report is true of the corporation or the receiver or trustee importered

ered to execute this report a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE

FILED