

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90102 013 ***150.00

DOCUMENT # P94000092894

1. Entity Name
SENECA FEDERAL CORPORATION

Principal Place of Business

3007 59TH AVE DR E
BRADENTON FL 34203
US

Mailing Address

3007 59TH AVE DR E
BRADENTON FL 34203
US

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 **65-0549413**

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

BONE, DAVID D P.A.
766 HUDSON AVE
SUITE B
SARASOTA FL 34236

Name

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 _____ (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 **PVST** ☒ **Delete**
NAME **JOHNSON, LYNN M**
STREET ADDRESS **5850 DOVE ROAD**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **President** ☐ **Delete**
NAME **LEONARD DOBALA**
STREET ADDRESS **3007-59TH AVE DR E**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 my address, with all other like empowered.

SIGNATURE: _____ **NO SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date

Daytime Phone #

CR2E034 (9/01)