

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 022 ***150.00

DOCUMENT # 195000008044

1. Entity Name

SENIOR SECURITY, INC.



DO NOT WRITE IN THIS SPACE

50010879

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2. Principal Place of Business

16868C Isle of Palms DR.

Suite, Apt. #, etc.

C

3. Mailing Address

16868C Isle of Palms DR

Suite, Apt. #, etc.

C

City & State

DELLAY BEACH, FL.

City & State

DELLAY BEACH, FL.

4. FEI Number

65-0554448

Applied For

Not Applicable

Zip

33484

Country

PALM BEACH

Zip

33484

Country

PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDWARD B. RUBIN

Street Address (P.O. Box Number is Not Acceptable)

16868C Isle of Palms DR.

City

DELLAY BEACH

FL

Zip Code

33484

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|----------------|-------------------------|----------------|--|
| TITLE | PRESIDENT | TITLE | |
| NAME | EDWARD B. RUBIN | NAME | |
| STREET ADDRESS | 16868C Isle of Palms DR | STREET ADDRESS | |
| CITY-ST-ZIP | DELLAY BEACH, FL 33484 | CITY-ST-ZIP | |
| TITLE | VICE PRESIDENT | TITLE | |
| NAME | SUSAN D. RUBIN | NAME | |
| STREET ADDRESS | 16868C Isle of Palms DR | STREET ADDRESS | |
| CITY-ST-ZIP | DELLAY BEACH, FL 33484 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward B Rubin EDWARD B. RUBIN Pres 4/6/06 561-495-9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #