2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State **DOCUMENT #** P96000029609 1. Entity Name SENIORS ON THE GO INC. 03-24-2002 90018 021 ***150.00 Principal Place of Business Mailing Address 1924 MO-HO DRIVE 1924 MO-HO DRIVE 4265 51 ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3378663 Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WISE, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 1924 MO-HO DRIVE ORLANDO FL 32839 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ☐ Delete TITI F TITLE NAME NAME WISE, GEORGE W STREET ADDRESS 1924 MO-HO DRIVE STREET ADDRESS CITY-ST-7IP **ORLANDO FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE VPST ☐ Delete NAME NAME WISE, RUTH E STREET ADDRESS STREET ADDRESS 1924 MO-HO DRIVE CITY-ST-7IP CITY-ST-7IP ORLANDO FL Delete - - - -Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach report with an address, with all other like empowered.

SIGNATURE:

901-700-70

FILED