

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045672

1. Entity Name

SENIOR SERVICES, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 041 ***150.00

Principal Place of Business

Mailing Address

1401 S FEDERAL HWY
SUITE 111
STUART FL 34994

1401 S FEDERAL HWY
SUITE 111
STUART FL 34994-3905

818760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4838 S. US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13420
Suite, Apt. #, etc.

City & State

FT. Pierce FL

City & State

FT. Pierce FL

4. FEI Number

65-0672836

Applied For

Not Applicable

Zip

34982

Country

USA

Zip

34979

Country

USA

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

BECKER, A. NEIL
1401 S FEDERAL HWY
SUITE 111
STUART FL 34994

Name

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

4838 S. US HWY 1

City

FT. Pierce

FL

Zip Code

34982

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

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

(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, 2000 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 P
STREET ADDRESS BECKER, DOLORES
CITY-ST-ZIP 1401 S FEDERAL HWY STE 111
STUART FL 34994

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

TITLE ☒ Delete
NAME ST
STREET ADDRESS PORCH, EDWARD
CITY-ST-ZIP 1401 S FEDERAL HWY STE 111
STUART FL 34994

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Dolores Becker DOLORES BECKER

Date

3-3-2000

Daytime Phone #

561-461-3434

CR2E034 (9/99)