

FILED

01 FEB -8 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031302

1. Entity Name

SENATOR INVESTMENTS, INC.

Principal Place of Business

345 MARINER DRIVE
TARPON SPRINGS FL 34689

Mailing Address

345 MARINER DRIVE
TARPON SPRINGS FL 34689

2-310-SE-28th-Street

2. Principal Place of Business

Cape Coral, FL

Suite, Apt. #, etc.

City & State

Zip

33904

Country

USA

3. Mailing Address

2310 SE 28th Street

Suite, Apt. #, etc.

Cape Coral, FL

City & State

Zip

33904

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3502415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A

501 E. KENNEDY BLVD., STE. 1700

TAMPA FL 33602

7. Name and Address of New Registered Agent

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

Signature of officer or director or registered agent

(NOTE: Registered Agent signature required when replacing)

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, 2001 Fee will be \$350.00

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

TITLE	DPST	☒ Delete
NAME	ZUPKE, WOLFGANG	
STREET ADDRESS	345 MARINER DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ZUPKE, WOLFGANG	☒ Change ☐ Addition
NAME		
STREET ADDRESS	2310 SE 28th Street	
CITY-ST-ZIP	Cape Coral, FL	

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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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, without other like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01 1-941-9805843

Date

Daytime Phone #