2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBF P98000003698 **DOCUMENT #** 1. Entity Name



SENIOR FINANCIAL GROUP, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business
7236 STATE ROAD 52
BAYONET POINT FL 34667

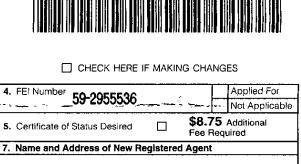
Mailing Address 7236 STATE ROAD 52 BAYONET POINT FL 34667

2. Principal Place of Business AS ABOUE	3. Mailing Address AS ABOUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip

Mar 17, 2003 8:00 am § Secretary of State **FILED**

03-17-2003 91100 016 ***150.00



NOLLMANN,	ERHAR	DΗ
7236 STATE	ROAD :	52
BAYONET PO	DINT FL	3466

Name	
· ·	
Street Address (P.O. Box Number is Not Acceptable	ole)
	•
City	Zip Code
	r.

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.

Country

SIGNATURE

10.

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DATE

\$5.00 May Be Added to Fees

NAME	NOLLMANN, ERHARD H	☐ Delete	NAME		A. /	Change	Addition
	13135 MISTY LANE		STREET ADDRESS		N/A		
CITY-ST-ZIP	HUDSON FL 34669		CITY-ST-ZIP	\sim	• •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- United States of States	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE Name Street adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
THLE		☐ Delete	TITLE			│ □ Change	☐ Addition

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 acturate 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in of the corporation or the receiver or changed, or on an attachment with ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP