

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

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90050 011 ***550.00

DOCUMENT # P98000041380

1. Entity Name

SENIOR RISK MANAGEMENT RESOURCE CENTER, INC.

DO NOT WRITE IN THIS SPACE

677389

2. Principal Place of Business

4216 Stacey Rd. West

Suite, Apt. #, etc.

3. Mailing Address

4216 Stacey Rd. West

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32250

Country

Duval

Zip

32250

Country

Duval

4. FEI Number

59-3509334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Douglas D. Chunn

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

One Independent Drive

Suite 3201

City

Jacksonville

FL

Zip Code

32202

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

Douglas D. Chunn

Douglas D. Chunn

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY- ST- ZIP

President/Secretary

Richard S. Drazien

4216 Stacey Rd. West

Jacksonville, FL 32250

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Richard S. Drazien

Richard S. Drazien, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-354-4218

CR2E034B (12/01)