FILED

03-17-2003 91104 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089882

1. Entity Name



SENIOR LAW SERIES, INC.										
Principal Place of Business 5318 BALSAM ST. NEW PORT RICHEY FL 34652			Mailing Address 5318 BALSAM ST. NEW PORT RICHEY FL 34652							
2. Principal I	Place of Business	3. Mailing Address								10110 (121 100)
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State				4 . F	El Number 59-3559798		pplied For	
Zip	Country	Zip Country			у		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current P						7. N	lame and Address of New Registered A		
GAY, GREGORY G					Name ~			and the second of the second		
-		Street Addre			ddress (F	(P.O. Box Number is Not Acceptable)				
5318 BALSAM ST. NEW PORT RICHEY FL 34652										
				_	City			FL	Zip Coo	de
8. The above	e named entity submits this statement for	the purp	pose of changing its r	egistered	office or	registere	ed age	ent, or both, in the State of Florida. I am f	 amiliar with.	and accept
the obligat	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent an	d title if one	Nicobia (NOTE)	Danistana d A						
			Incable. (NOTE:	Registered A	geni signatu	ire required v	wnen rei	instating) DATE		
Afte	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				1	Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND D	IRECTO	RS	11.				DITIONS/CHANGES TO OFFICERS AND		\$ IN 11
TITLE	D GAY, GREGORY G		☐ Delete	TITLE		P	P	Gregory G. Called Cti Port Ricley FL 34	Change	Addition
NAME STREET ADDRESS	7831 CALLAN CT.			NAME STREET	ADORESS	Ga	47	C. Man C+1		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654			CITY-ST	- 1	Ne	wl	Part Richer FL 34	654	
TITLE			☐ Delete	TITLE				/)	☐ Change	Addition
NAME STREET ADDRESS	· ·			NAME	4000000					
CITY-ST-ZIP				CITY-ST	ADDRESS 1-zip					ł
TITLE			☐ Delete	TITLE					☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP	,			STREET A	ADDRESS					
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET A	ADDRESS					
TITLE			□ Delete	TITLE	-2IF				☐ Change	CT Addition
NAME			Delete	NAME						☐ Addition
STREET ADDRESS				STREET A						
CITY-ST-ZIP				CITY-ST	-ZIP					
TITLE NAME			Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS				STREET A	ADDRESS					
CITY-ST-ZIP	· .		•	CITY-ST-	-ZIP					į
12. Thereby c	ertify that the information supplied with the	nis filina	does not qualify for th	ha ayama	tion state	d in Soct	tion 1	10.07(2Vi). Elorido Statutas, I further ageti		

indicated on this report or supplied with this tiling 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: