

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90072 050 \*\*\*150.00

**DOCUMENT # V44077**

1. Entity Name

**SENIOR FINANCIAL & HEALTH SERVICES, INC.**

Principal Place of Business

Mailing Address

240 SAND KEY ESTATES DRIVE  
 SUITE 286  
 CLEARWATER FL 33767  
 US

240 SAND KEY ESTATES DRIVE  
 APT. 286  
 CLEARWATER FL 33767-2977  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3130088**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALONEY, JOHN L.**  
**5335 66TH STREET NORTH**  
**ST. PETERSBURG FL 33709**

Name **MALONEY, JOHN L.**

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

**3663 CENTRAL AVE**

City **ST. PETERSBURG**

**FL**

Zip Code **33713**

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.

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PETERSON, BILL</b>
STREET ADDRESS	<b>240 SAND KEY ESTATES DRIVE, APT. 286</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PETERSON, AUDREY J.</b>
STREET ADDRESS	<b>240 SAND KEY ESTATES DRIVE, APT. 286</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Audrey J. Peterson, Sec*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**AUDREY J. PETERSON**

**3/27/2000**  
 Date

**727-593-0590**  
 Daytime Phone #

CR2E034 (9/99)