

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 049 ****61.25

DOCUMENT # N9400000027
 1. Entity Name
 SERAPHIC, INC.

Principal Place of Business 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442	Mailing Address 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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00054301

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PRICE, DAVID T.
 550 S.W. 12TH AVENUE
 DEERFIELD BEACH, FL 33442

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEES \$361.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME D- PRICE, DAVID T. <input type="checkbox"/> Delete STREET ADDRESS 550 S.W. 12TH AVENUE CITY-ST-ZIP DEERFIELD BEACH, FL 33442	
TITLE NAME PD-COLLINS, WILLIAM REV <input type="checkbox"/> Delete STREET ADDRESS 2292 WILTON DRIVE CITY-ST-ZIP WILTON MANORS, FL 33305	
TITLE NAME SD-FONTAINE, KENNETH <input type="checkbox"/> Delete STREET ADDRESS 2292 WILTON DRIVE CITY-ST-ZIP WILTON MANORS, FL 33305	
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, 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: *David Price* 4-23-01 954-421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)