

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90209 042 ***150.00

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DOCUMENT # P01000070001

1. Entity Name
SERAPH DEVELOPMENT, INC.



Principal Place of Business
**204 37TH AVE. N. #350
ST. PETERSBURG FL 33704**

Mailing Address
**204 37TH AVE. N. #350
ST. PETERSBURG FL 33704**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3725229**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LAWNDES, JENNIFER~~
**204 37TH AVE. N. #350
ST. PETERSBURG FL 33704**

Name **Jennifer Lowndes**
Street **Jennifer Lowndes
204 37th Ave. N., #350
St. Petersburg, FL 33704**
City _____ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|-------------------|----------------------|---------------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| P | LOWNDES, JENNIFER | 204 37TH AVE. N #350 | SAINT PETERSBURG FL 33704 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 727-692-4477
Date Daytime Phone #

CR2E034 (10/02)