

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 042 ***550.00

DOCUMENT # P97000069007

1. Entity Name
SERENGETI SERVICES, INC.

Principal Place of Business Mailing Address
 105 WINDY CIRCLE 105 WINDY CIRCLE
 BRANDON FL 33511 BRANDON FL 33511

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 0781
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 VALRICO, FL.

Zip Country Zip Country
 33595

4. FEI Number Applied For
59-3449552 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

KING, ALISON M
105 WINDY CIRCLE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name **ALISON M. KING (SAME AGENT)**
 Street Address (P.O. Box Number is Not Acceptable)
2809 BELLWOOD DR.
 City **BRANDON, FL** Zip Code **33511**

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 *Alison M. King - Pres.* *Alison M. King - Pres.* DATE **9/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	KING, ALISON M	
STREET ADDRESS	105 WINDY CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	ALEXANDER KING, JR.	
STREET ADDRESS	401 RONELE DR.	
CITY-ST-ZIP	BRANDON, FL. 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALISON M. KING	ADDRESS
STREET ADDRESS	P.O. Box 0781	
CITY-ST-ZIP	VALRICO, FL. 33595	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowerments.

SIGNATURE: *Alison M. King* DATE **9/11/00** DAYTIME PHONE # **(813) 263-7157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)