

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90046 016 ***150.00

DOCUMENT # P98000082035

1. Entity Name
SERENITY ISLAND GROUP, INC.

Principal Place of Business Mailing Address
940 CHALMER DR. **940 CHALMER DR.**
MARCO ISLAND FL 34145 **MARCO ISLAND FL 34145-2536**

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 Applied For
59-3532735 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*** MR. A.D. WATSON**
DIED IN NOV '99
WATSON, A. D.
940 CHALMER DR.
MARCO ISLAND FL 34145

Name
HENDERSON, DONALD W.
 Street Address (P.O. Box Number is Not Acceptable)
940 CHALMER DRIVE
 City Zip Code
MARCO ISLAND FL 34145

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 **DONALD W. HENDERSON, P/O** *Donald W. Henderson* **13 JAN 2000**
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. (See criteria on back)

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	D <input type="checkbox"/> Delete
NAME	HENDERSON, DONALD W
STREET ADDRESS	1167 BLUE HILL CREEK DR.
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	D <input type="checkbox"/> Delete
NAME	ROATH, J. R.
STREET ADDRESS	6000 PARRETTA LANE 1155 BLUE HILL CREEK DR.
CITY-ST-ZIP	KANSAS CITY MO 64120 MARCO ISLAND, FL 34145
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WATSON, A. D.
STREET ADDRESS	940 CHALMER DR.
CITY-ST-ZIP	MARCO ISLAND FL 34145
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	

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	DR.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITNEY, HARRIS
STREET ADDRESS	1890
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRADO, JOHN
STREET ADDRESS	1137 BLUE HILL CREEK DRIVE
CITY-ST-ZIP	MARCO ISLAND, FL 34145
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 empowered.

SIGNATURE: *Donald W. Henderson* **DONALD W. HENDERSON** **13 JAN 2000** **(741) 389-5305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)