

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90027 042 ***150.00

0401212

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**

2. Principal Place of Business 3. Mailing Address
1167 BLUE HILL CREEK DR. **1167 BLUE HILL CREEK DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MARCO ISLAND, FL	City & State MARCO ISLAND, FL	4. FEI Number 59-3532735	Applied For <input type="checkbox"/> Not Applicable
Zip 34145	Country USA	Zip 34145	Country USA

6. Name and Address of Current Registered Agent HENDERSON, DONALD W 940 CHALMER DR. MARCO ISLAND FL 34145	7. Name and Address of New Registered Agent Name HENDERSON, DONALD W. Street Address (P.O. Box Number is Not Acceptable) 1167 BLUE HILL CREEK DR. City MARCO ISLAND FL Zip Code 34145
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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 **DONALD W. HENDERSON** **PRESIDENT** **2 FEB 2001**
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, 2001 Fee will be \$550.00
 (See criteria on back): **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 NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DONALD W 1167 BLUE HILL CREEK DR. MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROATH, J. R. 1155 BLUE HILL CREEK DR MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADO, JOHN 1137 BLUE HILL CREEK DR MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **2 FEB 2001** **(941) 389-5305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)