2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
02-19-2001 90062 036 ***150.00

718215

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000040561

1. Entity Name

SERENDIPITY HOLDINGS, INC.

FOUND LOOSE IN MAIL CHANGE IN ADDRESS

Principal Place of Business	Mailing Address
670 ISLAND WAY UNIT #603 CLEARWATER FL 33767-A US	670 ISLAND WAY UNIT.. #803 CLAERWATER FL 33767-0 US

2. Principal Place of Business	3. Mailing Address
210 PALM ISLAND S.W	210 Palm Island S.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. FEI Number 59-3381610 ☐ Applied For ☐ 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
CLINE, HARRY S. 625 COURT ST. STE. #200 CLEARWATER FL 33756	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 _____
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURRELL, ROGER 670 ISLAND WAY #803 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 210 Palm Island S.W. Clearwater, FL 33767
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TURRELL, CAROL A 670 ISLAND WAY #803 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOGNIARD, JEFFREY R 670 ISLAND WAY #803 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOGNIARD, JASON R 670 ISLAND WAY #803 CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 2/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #