

# 2001 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # A99000000196

1. Entity Name  
SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP

FILED

01 APR 16 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1602 3RD AVENUE, YBOR CITY  
TAMPA FL 33605

Mailing Address  
1602 3RD AVENUE, YBOR CITY  
TAMPA FL 33605



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE  
59-3640040  
4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROAL GROUP, INC.  
1602 3RD AVENUE, YBOR CITY  
TAMPA FL 33605

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H21559	STREET ADDRESS	
NAME	ROAL GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	1602 3RD AVENUE, YBOR CITY		
CITY-ST-ZIP	TAMPA FL 33605		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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-04/24/01-01103-009  
\*\*\*\*\*211.25 \*\*\*\*\*158.75

FF \$158.75

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Alyce Gross ALYCE GROSS 4/13/01 813-241-9213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)