

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90039 016 ***150.00

DOCUMENT # P01000048225

1. Entity Name
SERENE CONCEPTS INC.

Principal Place of Business

**7504 BANYAN STREET
 FORT PIERCE FL 35941**

Mailing Address

**7504 BANYAN STREET
 FORT PIERCE FL 35941**

2. Principal Place of Business

4534 6th Lane

Suite, Apt. #, etc.

3. Mailing Address

4534 6th Lane

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

54-1829596

Applied For

Not Applicable

Zip

32968

Country

Indian River

Zip

32968

Country

Indian River

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, MAUREEN
 7504 BANYAN STREET
 FORT PIERCE FL 35941**

7. Name and Address of New Registered Agent

Name **Fischer, Maureen**

Street Address (P.O. Box Number is Not Acceptable)

4534 6th Lane

City **Vero Beach**

FL

Zip Code **32968**

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 **Maureen Fischer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-02

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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, FRANCES M	
STREET ADDRESS	7504 BANYAN STREET	
CITY-ST-ZIP	FORT PIERCE FL 35941	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Austin, Frances M	
STREET ADDRESS	4534 6th Lane	
CITY-ST-ZIP	Vero Beach FL 32963	
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		
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: **Maureen Fischer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 561-468-3177
 Date Daytime Phone #

CR2E034 (9/01)