

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731444

1. Entity Name

SERENITY JUNCTION, INCORPORATED OF PANAMA CITY

Principal Place of Business

922 JENKS AVE.
PANAMA CITY FL 32401
US

Mailing Address

PO BOX 1881
PANAMA CITY FL 32402-1881
US

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

59-1701355

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

GADDIE, DONALD
826 BRANDEIS AVE
PANAMA CITY FL 32405

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARNES, SIDNEY
5928 STEPHANIE DRIVE
PANAMA CITY FL 32404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
POPE, LUCIUS B.
1016 W 12TH CT
PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TOBIAS, RICHARD
2810 W. 28TH CT.
PANAMA CITY FL 32405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer / Director
MARK R. AFRAGOLA
1702 Cherry ST.
PANAMA CITY FL 32401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JINKS, SKIPPER
607 W. 11TH ST.
PANAMA CITY FL 32401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. / Director
Richard Tobias
2810 W. 28th CT.
PANAMA CITY FL 32405 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KRAKKER, BELINDA
409 SCHOOL AVE B6
SPRINGFIELD FL 32401 ☐ 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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael R. AFRAGOLA **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 11th 2001

Date

850-283-7041

Daytime Phone #

CR2E037 (10/00)

0015790

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90054 033 ****61.25

C0048718



DO NOT WRITE IN THIS SPACE