

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000196

1. Entity Name
SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP

FILED

03 APR 21 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
1602 3RD AVENUE, YBOR CITY
TAMPA FL 33605Mailing Address
1602 3RD AVENUE, YBOR CITY
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3640040

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

ROAL GROUP, INC.
1602 3RD AVENUE, YBOR CITY
TAMPA FL 33605

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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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
NAME ROAL GROUP, INC.
STREET ADDRESS 1602 3RD AVENUE, YBOR CITY
CITY-ST-ZIP TAMPA FL 33605

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # GROSS, ROCHELLE
NAME 1692 E. 3RD AVENUE
STREET ADDRESS TAMPA FL 33605
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROACHELLE GROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-03

813-241-9213

Date

Daytime Phone #