

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90140 016 ****61.25

DOCUMENT # N95000002144

1. Entity Name

SERENDIPITY ROC, INC.



Principal Place of Business

**MOBILE HOME PARK
29081 U.S. HWY. 19 NORTH, STE. 400
CLEARWATER FL 33761
US**

Mailing Address

**MOBILE HOME PARK
29081 U.S. HWY. 19 NORTH, STE. 400
CLEARWATER FL 33761
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 **59-3314973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCDUGALL, JOHN
29081 U.S. HWY. 19 NORTH, LOT #342
CLEARWATER FL 33761**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDUGALL, JOHN	
STREET ADDRESS	29081 U.S. HWY. 19 NORTH, LOT #342	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINNICUM, BARBARA	
STREET ADDRESS	29081 U.S. HWY. 19 NORTH, LOT #220	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARSON, KENNETH	
STREET ADDRESS	29081 U.S. HWY. 19 NORTH, LOT #249	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, ANNAMAY	
STREET ADDRESS	29081 U.S. HWY. 19 NORTH, LOT #243	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWBERRY, VICTOR	
STREET ADDRESS	29081 U.S. HWY. 19 NORTH, LOT #263	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COWING, CLAY	
STREET ADDRESS	29081 U.S. HWY. 19 NORTH, LOT #8	
CITY-ST-ZIP	CLEARWATER FL 33761	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	DON MELZER
CITY-ST-ZIP	29081 U.S. HWY 19N LOT 263
	CLEARWATER FL 33761

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: **KENNETH CARSON**

3-31-03 727-7857867

CR2E037 (10/02)