

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000095793**

1. Entity Name

SERENITY FINANCIAL SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 SW 27 Avenue

3. Mailing Address

20 SW 27 Avenue

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1155790

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33069

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cynthia L Sherr, Esq.

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

6750 Taft Street

City

Hollywood

FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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]

CYNTHIA L SHERR

4/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
☒ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Mark Guerette, President
20 SW 27 Avenue
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
David Chambliss
20 SW 27 Ave
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

4/29/02 (954) 590-2441

DATE

Telephone

CR2E034B (12/01)