FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91456 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095793

1. Entity Name
SERENITY FINANCIAL SERVICES INC.

90128033

Principal Place of Business	Mailing Address
20 SW 27 AVENUE #302 POMPANO BEACH, FL 33069 US	20 SW 27 AVENUE #302 POMPANO BEACH, FL 33069 US

2. Principal Place of Business		3. Mailing Address	
2420 N. University Dr		2420 N. University Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pembroke Pines FL		City & State: Pembroke Pines FL	
Zip: 33024	Country: Broward	Zip: 33024	Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1155790 ☐ 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
SHERR, CYNTHIA L ESQ 6750 TAFT STREET HOLLYWOOD, FL 33024	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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP ☒ Delete	TITLE	Pres. ☒ Change ☒ Addition
NAME	CHAMBLESS, DAVID	NAME	Chambless, David
STREET ADDRESS	20 SW 27 AVENUE	STREET ADDRESS	2420 N. University Dr.
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	Pembrok Pines FL 33024
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: [signature] Pres. 5/1/03 954-237-0259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #