

FILED
Jun 16, 2003 8:00 am
Secretary of State


05-01-2003 90993 037 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P02000006093** *(L)*

1. Entity Name
SERONA, INC.



55048212



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**720 S. SAPODILLA AVENUE
PH #2
WEST PALM BEACH FL 33401**

Mailing Address
**720 S. SAPODILLA AVENUE
PH #2
WEST PALM BEACH FL 33401**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **80-0031296** Applied For Not Applicable

Zip Country

8. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent
Name **Charles Brown**
Street Address (P.O. Box Number is Not Acceptable) **120 South Sapodilla Avenue**
Penthouse #2
City **West Palm Beach** FL **33401**

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)* **Charles Brown** **4/29/03**
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$6.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BROWN, CHARLES 720 S. SAPODILLA AVENUE WEST PALM BEACH FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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)(f), 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)* **Charles Brown** **4/29/03**
Signature and typed or printed name of holder, officer or director Date Daytime Phone #