

04-18-2003 90447 006 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000064798

1. Entity Name
SERENDIPITY SINGLES, INC.

Principal Place of Business
 C/O FRANKLYN W. MITCHELL
 2868 SAND BLUFF COVE
 OVIEDO, FL 32765

Mailing Address
 C/O FRANKLYN W. MITCHELL
 2868 SAND BLUFF COVE
 OVIEDO, FL 32765

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

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

City & State
 Zip Country

4. FEI Number
02-0636959

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MITCHELL, FRANKLYN W
 6080 WILLOW POINTY CIRCLE
 ORLANDO, FL 32822**

7. Name and Address of New Registered Agent
 Name **FRANKLYN W. MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable)
2868 SAND BLUFF COVE
 City **OVIEDO** FL **32765**

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 **FW Mitchell** DATE **4/15/03**

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 PTD NAME MITCHELL, FRANKLYN W STREET ADDRESS 6080 WILLOW POINTY CIRCLE CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE Vice President/Secretary/Director NAME MITCHELL, FRANKLYN W. STREET ADDRESS 2868 SAND BLUFF COVE CITY-ST-ZIP OVIEDO FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVD NAME FOYER, KENNIE E STREET ADDRESS 804 C GEORGETOWN DRIVE CITY-ST-ZIP CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT/TREASURER/DIRECTOR NAME MITCHELL, SUSAN D. STREET ADDRESS 2868 SAND BLUFF COVE CITY-ST-ZIP OVIEDO FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(5)(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: **FW Mitchell** DATE: **4/15/03** 407-359-2268

10077895



CHECK HERE IF MAKING CHANGES

CPREC04 (10/02)