


**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 OVIDO, FL 32765		Mailing Address C/O FRANKLYN W. MITCHELL 2868 SAND BLUFF COVE OVIDO, FL 32765		
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 02-0636959
		5. Certificate of Status Desired <input type="checkbox"/> \$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 OVIDO 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: <u><i>FW Mitchell</i></u> DATE: <u>4/15/03</u>				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
OFFICERS AND DIRECTORS				
TITLE	PTD <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	MITCHELL, FRANKLYN W	TITLE	Vice President / Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CPREC04 (10/02)
STREET ADDRESS	6080 WILLOW POINTY CIRCLE	NAME	MITCHELL, FRANKLYN W.	
CITY-ST-ZIP	ORLANDO, FL 32822	STREET ADDRESS	2868 SAND BLUFF COVE	
TITLE	SVD <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	OVIDO FL 32765	
NAME	FOYER, KENNIE E	TITLE	PRESIDENT / TREASURER / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	804 C GEORGETOWN DRIVE	NAME	MITCHELL, SUSAN D.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	STREET ADDRESS	2868 SAND BLUFF COVE	
CITY-ST-ZIP		CITY-ST-ZIP	OVIDO FL 32765	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: <u><i>FW Mitchell</i></u>		DATE: <u>4/15/03</u> <u>407-359-2268</u>		
<small>NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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CHECK HERE IF MAKING CHANGES