

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90274 005 ***150.00

DOCUMENT # P93000042772

1. Entity Name

SERENDIPITY ENTERPRISES, INC.



Principal Place of Business

2881 CLARK RD.

#16

SARASOTA FL 34231

US

Mailing Address

2881 CLARK RD.

#16

SARASOTA FL 34231

US

2. Principal Place of Business

3. Mailing Address

5828 Nutmeg Ave

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34231

Country

USA

City

Sarasota FL

Zip

34231

Country

USA

City

Sarasota FL

Zip

34231

Country

USA

City

Sarasota FL

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34231

Country

USA

City

Sarasota FL

11018546



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0420047

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

CONNETT, KATHY
5353 CORK OAK ST
SARASOTA FL 34232

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	P	<input type="checkbox"/> Delete
NAME	FRITSCH, ANDREW J	
STREET ADDRESS	2881 CLARK RD #16	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRITSCH, ANTOINETTE	
STREET ADDRESS	2881 CLARK RD #16	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRITSCH, AMY	
STREET ADDRESS	2881 CLARK RD #16	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW J. FRITSCH	
STREET ADDRESS	5828 Nutmeg Ave	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINETTE FRITSCH	
STREET ADDRESS	5828 Nutmeg Ave	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy J. Moore	
STREET ADDRESS	2704 ASHTON RD	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrew J. Fritsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 (941) 921-1642

CR2E034 (10/02)