

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 92194 013 \*\*\*150.00

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

DOCUMENT # P94000028916

1. Entity Name  
**SERENA INVESTMENT, INC.**



90126016



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
431 PINE RIDGE ROAD SUITE 101  
NAPLES, FL 34109 US

Mailing Address  
431 PINE RIDGE ROAD SUITE 101  
2  
NAPLES, FL 34109 US

2. Principal Place of Business  
3431 PINE RIDGE RD.  
SUITE 101

3. Mailing Address  
3431 PINE RIDGE RD.  
SUITE 101

City & State  
NAPLES FL  
Zip  
34109  
Country  
USA

City & State  
NAPLES FL  
Zip  
34109  
Country  
USA

4. FEI Number  
65-0533977

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, JOHN  
3431 PINE RIDGE ROAD  
SUITE 101  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

FILE NOW!! FEE IS \$160.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WHITE, JOHN  
3431 PINE RIDGE ROAD SUITE 101  
NAPLES, FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. WHITE, Pres

4-29-03

Date

239-566-2013

Daytime Phone #

CR2E034 (10/02)