2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90245 037 ***158.75

DOCUMENT # P95000024015

1. Entity Name
SERENDIPITOUS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
231 E. DAVIS BLVD. TAMPA, FL 33606	231 E. DAVIS BLVD. TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address
231 E. Davis Blvd.	231 E. Davis Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl.	City & State: Tampa FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3316296 ☐ 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
ROBINSON, JEANNE 231 E. DAVIS BLVD. TAMPA, FL 33606	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

PLEASE NOTE: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JEANNE 231 E. DAVIS BLVD. TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROELAND, MAUREEN 5 GREEN CHASE CT ROSWELL, GA 30075	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDENBERG, EILEEN 55 MARTINIQUE AVE TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: Jeanne Lavettre Robinson JEANNE LAVETTRE ROBINSON 4/23/03 813-254-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
90123663
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