

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90062 036 \*\*\*150.00

DOCUMENT # P96000040561

1. Entity Name

SERENDIPITY HOLDINGS, INC.

FOUND LOOSE IN MAIL  
CHANGE IN ADDRESS

Principal Place of Business

670 ISLAND WAY  
UNIT #803  
CLEARWATER FL 33767-A  
US

Mailing Address

670 ISLAND WAY  
UNIT #803  
CLEARWATER FL 33767-0  
US

718215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 PALM ISLAND S.W.

3. Mailing Address

210 Palm Island S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

4. FEI Number 59-3381610

Applied For

Not Applicable

Zip  
33767

Country  
USA

Zip  
33767

Country  
USA

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

CLINE, HARRY S.  
625 COURT ST.  
STE. #200  
CLEARWATER FL 33756

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURRELL, ROGER 670 ISLAND WAY #803 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURRELL, CAROL A 670 ISLAND WAY #803 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGNIARD, JEFFREY R 670 ISLAND WAY #803 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOGNIARD, JASON R 670 ISLAND WAY #803 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210 Palm Island S.W. Clearwater, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same as above
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)