

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90076 042 ***150.00

MAILED
AV

DOCUMENT # P98000023238



1. Entity Name
SERENITY WEST, INC.

Principal Place of Business
**37815 15TH AVENUE WEST
ZEPHYRHILLS FL 33541**

Mailing Address
**PO BOX 422
ODESSA FL 33556**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
18301 CRAWLEY RD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 422
Suite, Apt. #, etc.

City & State
ODESSA, FL

City & State
ODESSA, FL

4. FEI Number **59-3505944**

Applied For
Not Applicable

Zip **33556** Country **USA**

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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

**WARD, IMOGENE
18301 CRAWLEY ROAD
ODESSA FL 33556**

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 Delete
NAME **PSD WARD, IMOGENE**
STREET ADDRESS **POST OFFICE BOX 422 N/A**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VTD WARD, HOMER**
STREET ADDRESS **POST OFFICE BOX 422 N/A**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Change 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/03 (8/13) 920-6442
Date Daytime Phone #

CFR2034 (10/02)