

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
 03-23-2000 90027 049 ***150.00

DOCUMENT # P98000031313

1. Entity Name

SERENITY AT 880, INC.

Principal Place of Business

**880 MADALAY AVE
 CLEARWATER BEACH FL 33767
 US**

Mailing Address

**14136 PAGE AVENUE
 LARGO FL 33774-3905**

2. Principal Place of Business

880 MANDALAY AVE

3. Mailing Address

11696 CURRIE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER BEACH, FL

City & State

LARGO, FL

4. FEI Number

59-3513873

Applied For

Not Applicable

Zip

33767

Country

USA

Zip

33774

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DESPAIN, MARY E
 880 MANDALAY AVE.
 CLEARWATER BEACH FL 33767**

7. Name and Address of New Registered Agent

Name

Mary E. Despain

Street Address (P.O. Box Number is Not Acceptable)

880 Mandalay Ave

City

Clearwater Fla

State

FL

Zip Code

33767

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

Mary E. Despain

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

(NOTE: Registered Agent signature required when reinstating)

3-20-00

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, 2000 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

TITLE **PT** ☐ Delete
 NAME **DESPAIN, MARY ELIZABETH**
 STREET ADDRESS **14136 PAGE AVE.**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **VPS** ☐ Delete
 NAME **SHAW, CAL**
 STREET ADDRESS **14136 PAGE AVE.**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Mary E. Despain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY E. DESPAIN

Date

3-20-00

Daytime Phone #

462-5599