

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90027 042 \*\*\*150.00

0401212

**DOCUMENT # P98000082035**

1. Entity Name  
**SERENITY ISLAND GROUP, INC.**

Principal Place of Business      Mailing Address  
**940 CHALMER DR.**      **940 CHALMER DR.**  
**MARCO ISLAND FL 34145**      **MARCO ISLAND FL 34145**

2. Principal Place of Business      3. Mailing Address  
**1167 BLUE HILL CREEK DR.**      **1167 BLUE HILL CREEK DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**MARCO ISLAND, FL**      **MARCO ISLAND, FL**      **59-3532735**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**34145**      **USA**      **34145**      **USA**            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**HENDERSON, DONALD W**  
**940 CHALMER DR.**  
**MARCO ISLAND FL 34145**  
 Name  
**HENDERSON, DONALD W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1167 BLUE HILL CREEK DR.**  
 City      Zip Code  
**MARCO ISLAND FL 34145**

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 Donald W. Henderson      **DONALD W. HENDERSON**      **PRESIDENT**      **2 FEB 2001**  
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HENDERSON, DONALD W</b>	NAME	
STREET ADDRESS	<b>1167 BLUE HILL CREEK DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROATH, J. R.</b>	NAME	
STREET ADDRESS	<b>1155 BLUE HILL CREEK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GRADO, JOHN</b>	NAME	
STREET ADDRESS	<b>1137 BLUE HILL CREEK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Donald W. Henderson      **DONALD W. HENDERSON**      **2 FEB 2001**      **(941) 389-5305**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)