

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90046 047 ***150.00

DOCUMENT # P99000004680

1. Entity Name

SERENDIPITY AUTO & VESSEL, INC.

Principal Place of Business

Mailing Address

46 N. WASHINGTON BLVD. #1
 SARASOTA FL 34236

46 N. WASHINGTON BLVD. #1
 SARASOTA FL 34236-5932

2. Principal Place of Business

~~635 S. ORANGE AVE.~~
~~904 S. TAMIA MI TR.~~
 Suite, Apt. #, etc.
 #150

3. Mailing Address

904 S. TAMIA MI TR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State OSPREY FL
~~SARASOTA FL~~

City & State OSPREY FL

4. FEI Number
 65-0890538

Applied For
 Not Applicable

Zip 34236 34229 Country USA

Zip 34229 Country USA

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

PATTERSON, JOHN
 46 N. WASHINGTON BLVD. #1
 SARASOTA FL 34236

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D,P, GEBHARD, LINDA
STREET ADDRESS	635 S. ORANGE AVE., #10
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D,VP PETRIK, GERD
STREET ADDRESS	635 S. ORANGE AVE., #10
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D,S,T GEBHARD, H. DIETER
STREET ADDRESS	635 S. ORANGE AVE., #10
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D,P,S KERI NAKAMOTO
STREET ADDRESS	904 S. TAMIA MI TR.
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D,VP,T GERD PETRIK
STREET ADDRESS	904 S. TAMIA MI TR.
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CHRIS ALWARD
STREET ADDRESS	904 S. TAMIA MI TR.
CITY-ST-ZIP	OSPREY FL 34229

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: Keri Nakamoto

 _____, President

(941) 364-9609

Date

Daytime Phone #

CR2E034 (9/99)