

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000004680 AMENDED**  
**1. Entity Name**  
**SERENDIPITY AUTO & VESSEL, INC.**

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
**635 S. ORANGE AVE.** **46 N. WASHINGTON BLVD.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#10** **#1**  
**City & State** **City & State**  
**SARASOTA, FLORIDA** **SARASOTA, FLORIDA**  
**Zip** **Country** **Zip** **Country**  
**34236** **USA** **34236** **USA**

**2001 AMENDED UBR**

**4. FEI Number** **Applied For**  
**65-0890538** **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD., #1**  
**SARASOTA, FLORIDA 34236**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**200004589342--5**  
**-09/15/01--01003--011**  
**City** **\*\*\*\*\*6125** **###61.25**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title - applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
**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	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
	<input type="checkbox"/> Delete	<b>D,VP,T</b>	
		<b>PETRIK, GERD</b>	
		<b>635 S. ORANGE AVE., #10</b>	
		<b>SARASOTA, FLORIDA 34236</b>	
	<input type="checkbox"/> Delete	<b>D,P,S</b>	
		<b>NAKAMOTO, KERI</b>	
		<b>635 S. ORANGE AVE., #10</b>	
		<b>SARASOTA, FLORIDA 34236</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>D</b>			
<b>ALVAREZ, GILBERT</b>			
<b>635 S. ORANGE AVE., #10</b>			
<b>SARASOTA, FLORIDA 34236</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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:** *Ken Nakamoto* **(941) 364-9609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**01 AUG 15 AM 11:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

CR2E034 (11/00)