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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am **DOCUMENT # S24285 Secretary of State** 1. Entity Name SERENITY INTERNATIONAL INC. 03-14-2001 90174 002 ***150.00 Principal Place of Business Mailing Address 4015 BAYSHORE BLVD. 4015 BAYSHORE BLVD. SUITE 14-D SUITE 14-D **TAMPA FL 33611 TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3051563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHURCH, W. EDWARD Street Address (P.O. Box Number is Not Acceptable) 4015 BAYSHORE BLVD. SUITE 14-D **TAMPA FL 33611** City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD CR2E034 (10/00) Change TITLE ☐ Delete TITLE Addition MEIER, ROXANNE Riley, Roxanne NAME NAME STREET ADDRESS 3808 GUNN HWY. STREET ADDRESS 4015 Bayshore Blvd, Ste 14-D CITY-ST-ZIP CITY-ST-7IP TAMPA FL Tampa, FL 33611 CE₀ CEO Church, W. Edward X Change ☐ Delete TITLE TITLE CHURCH, W. EDWARD NAME NAME 4015 Bayshore Blvd, Ste 14-D 3808 GUNN HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, FL 33611 CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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. 813-960-7000 3-12-01