

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90046 043 ***150.00

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DOCUMENT # P01000079165

1. Entity Name
RENNEISEN ENTERPRISES, INC.



Principal Place of Business

5623 US HWY 19
310
NEW PORT RICHEY FL 34652

Mailing Address

5623 US HWY 19
310
NEW PORT RICHEY FL 34652

2. Principal Place of Business

5623 U.S. Hwy 19

3. Mailing Address

5623 U.S. Hwy 19

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

302

City & State

NEW PORT RICHEY

City & State

NEW PORT RICHEY
FL 34652

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO.

4. FEI Number

59-3747939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
RENNEISEN, BRIAN P
2739 BIG PINE DRIVE
HOLIDAY FL 34691

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Renneisen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03 (727) 849-5115

Date

Daytime Phone #

CR2E034 (4/03)