FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Feb 28, 2001 8:00 am POCUMENT # P98000023302 Secretary of State 1. Entity Name 2-28-2001 90104 002 ***150.00 REN STAR, INC. Principal Place of Business Mailing Address 104 SE 1st Avenue, Suite B 104 SE 1st Avenue, Suite B A0026106 Ocala, Florida 34471 Ocala, Florida 34471 2. Principal Place of Business 3. Mailing Address 104 SE 1st Avenue 104 SE 1st Avenue Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Ocala, Florida 59-3496313 Ocala, Florida Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34471 USA 34471 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Joseph Sorrentino Joseph Sorrentino 104 SE 1st Avenue Street Address (P.O. Box Number is Not Acceptable) <u>104 SE 1st Avenue</u> Ocala, Fl 34471 $^{Zip}34471$ Fl Ocala 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. Joseph Sorrentino, President sancritica Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age 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. ☐ Delete TITLE P/D **X** Change Addition TITLE NAME Joseph Sorrentino NAME STREET ADDRESS STREET ADDRESS 104 SE 1st Avenue CITY-ST-ZIP CITY-ST-ZIP Ocala, Florida 34471 Delete TITLE Change Addition VP/D TITLE NAME NAME Mary Standley STREET ADDRESS STREET ADDRESS 104 SE 1st Avenue Ocala, Fl 34471 C!TY-ST-7IP CITY-ST-ZIP Delete TITLE S/T/D **X**Change Addition TITLE NAME NAME Lynn Craggs STREET ADDRESS STREET ADDRESS 104 SE 1st Avenue CITY-ST-ZiP CITY-ST-ZiP Ocala, Florida 34471 Change Delete TIŤLF Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ 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-ZIE CITY-ST-7IP 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. eminter 02/13/01 SIGNATURE: Joseph Sorrentino, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR