

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90213 030 ***150.00

DOCUMENT # 352775

1. Entity Name
RENFROE, INC.

Principal Place of Business
1926 SPEARING STREET
PO BOX 4279
JACKSONVILLE FL 32201

Mailing Address
1926 SPEARING STREET
PO BOX 4279
JACKSONVILLE FL 32201



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0605781**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WELLS JR, CLYDE N
11100 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223

Name
Brant, Abraham, Reiter & McCormick, P.A.

Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Steet, Suite 2750

City **Jacksonville,** **FL** Zip Code **32202**

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

Gen D. McCormick, VP

4.10.02

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, 2002 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
NAME **PDT**
STREET ADDRESS **RENFROE, CHARLES.J.**
CITY-ST-ZIP **1926 SPEARING ST. JACKSONVILLE FL 32206** ☒ Delete

TITLE
NAME **PDT**
STREET ADDRESS **RENFROE, ANNE**
CITY-ST-ZIP **1926 SPEARING STREET JACKSONVILLE, FL 32206** ☐ Change ☒ Addition

TITLE
NAME **S**
STREET ADDRESS **WELLS JR, CLYDE N**
CITY-ST-ZIP **11100 SAN JOSE BOULEVARD JACKSONVILLE FL 32223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

356-4181

Daytime Phone #

CR2E034 (9/01)