

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90043 030 ***150.00

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DOCUMENT # 653025

1. Entity Name

RENS PLUMBING, INC.

Principal Place of Business

**11212 SATELLITE BLVD
 ORLANDO FL 32837
 US**

Mailing Address

**11212 SATELLITE BLVD
 ORLANDO FL 32837**

623471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

399 Central FL Parkway

3. Mailing Address

399 Central FL Parkway

Suite, Apt. #, etc.

Unit A

Suite, Apt. #, etc.

Unit A

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-1977315

Applied For

Not Applicable

Zip

32824-7604

Country

USA

Zip

32824-7604

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BERKSON, GARY M
 1132 JYMONDS AVE
 WINTER PARK FL 32789**

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.

SIGNATURE

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, 2001 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:

TITLE ☐ Delete
 NAME **PSDT**
 STREET ADDRESS **RAZZANO, ROBERT M.**
 CITY-ST-ZIP **15130 ARABIAN WAY
 MT VERDE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

2/12/2001

Date

407 857 5222

Daytime Phone #

CR2E034 (10/00)