

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90037 020 ***158.75

DOCUMENT # **F 97438**
 1. Entity Name
Renaissance Investments, Inc. ✓

Principal Place of Business
807 S. Orlando Ave.
Suite C
Winter Park, FL 32789

Mailing Address
807 S. Orlando Ave.
Suite C
Winter Park, FL 32789

2. Principal Place of Business
122 E. Colonial Drive

3. Mailing Address
122 E. Colonial Drive

Suite, Apt. #, etc.
Suite 200

City & State
Orlando, FL

Zip
32801

Country
USA

4. FEI Number
59-2216709

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Huckeba, James C.
807 S. Orlando Ave.
Suite C
Winter Park, FL 32789

7. Name and Address of New Registered Agent

Name
Huckeba, James C.

Street Address (P.O. Box Number is Not Acceptable)
122 E. Colonial Drive

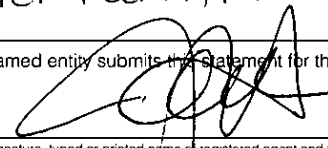
Suite, Apt. #, etc.
Suite 200

City
Orlando

State
FL

Zip Code
32801

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  DATE **1/20/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

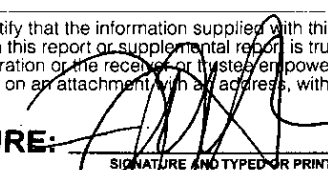
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PSD	<input type="checkbox"/> Delete
NAME Huckeba, James C	
STREET ADDRESS 807 S. Orlando Ave. suite c	
CITY-ST-ZIP Winter Park, FL 32789	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Huckeba, James C	
STREET ADDRESS 122 E. Colonial Drive suite 200	
CITY-ST-ZIP Orlando, FL 32801	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE:  DATE **1/20/99** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)