

325.10

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90178 012 ***150.00

FORM 1
FD

DOCUMENT # **F99000000534**

1. Entity Name
RENCO ELECTRONICS, INC.



Principal Place of Business
**60 JERFRYN BLVD EAST
DEER PARK NY 11729-5762**

Mailing Address
**60 JERFRYN BLVD EAST
DEER PARK NY 11729-5762**

10010000



2. Principal Place of Business
**595 INTERNATIONAL PL
Suite, Apt. #, etc.**

3. Mailing Address
**595 INTERNATIONAL PL
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
ROCKW0D00 FL

City & State
ROCKW0D00 FL

4. FEI Number **11-1792364**

Applied For
 Not Applicable

Zip **32955** Country **US**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 **1-17-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RENSING, EDWARD	
STREET ADDRESS	222 LANDING ISLAND DR	
CITY-ST-ZIP	INADIAN HARBOUR BEACH FL 32937	
TITLE	V	<input type="checkbox"/> Delete
NAME	RENSING, BRUCE	
STREET ADDRESS	BOX 607	
CITY-ST-ZIP	JAMESPORT NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	RENSING, JOHN P	
STREET ADDRESS	82 SLATE LANE	
CITY-ST-ZIP	LEVITTOWN NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RENSING, JOHN A	
STREET ADDRESS	1088WILDFLOWER DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/03** Daytime Phone # **321-637-1000**

CR2E034 (10/02)