

3625.10

The seal of the State of Florida is a circular emblem. It features a central figure of a woman in classical attire, representing Justice or Liberty, holding a scale and a torch. The background includes a landscape with a palm tree and a ship. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

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

01-23-2003 90178 012 ***150.00

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

3. Mailing Address
595 INTERNATIONAL PH

Suite Apt # etc.

City & State
Rockwell 60 FL

Country US

Applied For
Not Applicable

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

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 [Signature] 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	INDIAN HARBOUR BEACH FL 32937	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	RENSING, BRUCE	
STREET ADDRESS	BOX 607	
CITY - ST - ZIP	JAMESPORT NY	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	RENSING, JOHN P	
STREET ADDRESS	82 SLATE LANE	
CITY-ST-ZIP	LEVITTOWN NY	

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	RENSING, JOHN A	
STREET ADDRESS	1088WILDFLOWER DR	
CITY - ST - ZIP	MELBOURNE FL 32940	

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

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

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 _____

Daytime Phone # _____

CR2E034 (10/02)