

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002657

1. Entity Name

RENAUD ASSETT MANAGEMENT ADVISORS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 031 ***150.00

Principal Place of Business

4435 GARDENIA DR
PALM BEACH GARDENS FL 33410

Mailing Address

4435 GARDENIA DR
PALM BEACH GARDENS FL 33410-5438

2. Principal Place of Business

7776 Steeplechase Dr.
Suite, Apt. #, etc.

3. Mailing Address

7776 Steeplechase Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

4. FEI Number

65-0898388

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

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

RENAUD, DONNA
4435 GARDENIA DR
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

7776 Steeplechase Dr.

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

Donna L. Renaud
Signature, typed or printed name of registered agent and title if applicable.

DONNA L. RENAUD

(NOTE: Registered Agent signature required when reinstating)

1/26/00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
RENAUD, DONNA
4435 GARDENIA DR
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DONNA RENAUD
7776 Steeplechase Dr.
PALM BEACH GARDENS, FL 33418 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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:

Donna L. Renaud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00
Date

361-844-2955
Daytime Phone #

CR2E034 (9/99)