

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90293 043 ***150.00

DOCUMENT # K75547

1. Entity Name

RENFROE INTERNATIONAL, INC.

Principal Place of Business

**C/O CHARLES J. RENFROE, SR.
 1926 SPEARING STREET
 JACKSONVILLE FL 32206**

Mailing Address

**C/O CHARLES J. RENFROE, SR.
 1926 SPEARING STREET
 JACKSONVILLE FL 32206**

2. Principal Place of Business

1926 Spearing Street

3. Mailing Address

1926 Spearing Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number

26-6406374

Applied For

Not Applicable

Zip
32206

Country

Zip
32206

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RENFROE, ANNE L
 1926 SPEARING STREET
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name
Brant, Abraham, Reiter & McCormick, P.A.

Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Steet, Suite 2750

City
Jacksonville

FL

Zip Code
32202

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

Spencer D. McCormick, VP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.10.02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD RENFROE, CHARLES J S 2970 ST JOHNS AVE 3A JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RENFROE, ANNE 1926 SPEARING STREET JACKSONVILLE, FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

356-4181

Daytime Phone #

CR2E034 (9/01)