

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90241 028 ****55.00

DOCUMENT # L00000002448

1. Entity Name

RENAISSANCE PROFESSIONAL RESOURCES, LLC

Principal Place of Business

**68 EAST AVENUE
 NAPLES FL 34108**

Mailing Address

**P.O. BOX 10430
 NAPLES FL 34101-0430**

943344

2. Principal Place of Business

**4815 Busch Blvd.
 Suite 105
 Tampa, FL 33617**

3. Mailing Address

**P.O. Box 10430
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Naples, FL

4. FEI Number

62-1810966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, CHARLOTTE
 430 HERON AVE.
 NAPLES FL 34108**

(SAME)

7. Name and Address of New Registered Agent

**Linda Cifani Charlotte Johnston
 Street Address (P.O. Box Number is Not Acceptable)
 430 Heron Ave
 City Naples FL Zip Code 34108**

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

Charlotte Johnston

4-1-02

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

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSTON, CHARLOTTE 68 EAST AVENUE NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIFANI, LINDA 430 HERON AVENUE NAPLES FL 34108	<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

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charlotte Johnston

**4-1-02 813476
 0085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)