

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90054 026 ****50.00

DOCUMENT # L00000002967

1. Entity Name

RENTER'S CO-OP, LLC

Principal Place of Business

**9701 S.R. 434
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**PO BOX 6505
 WINTER SPRINGS FL 32719**

2. Principal Place of Business

4134 OAK GROVE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6505

Suite, Apt. #, etc.

City & State

ZELLWOOD, FLORIDA

City & State

WINTER SPRINGS, FLA.

Zip
32798

Country

ORANGE

Zip

32719

Country

SEMINOLE

4. FEI Number

59-3689189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLEN, DENNIS

**6300 STATE RD. 46 WEST, LOT 332 B
 SANFORD FL 32771**

Name **DENNIS CALLEN**

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

4134 OAK GROVE DRIVE

City **ZELLWOOD**

FL

Zip Code

32798

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

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

DENNIS CALLEN

4/29/02
 DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CALLEN, DENNIS 6300 S.R. 46 WEST, LOT 332B SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CALLEN, MARGO 6300 S.R. 46 WEST, LOT 332B SANFORD FL 32771	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4134 OAK GROVE DRIVE ZELLWOOD, FLORIDA 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4134 OAK GROVE DRIVE ZELLWOOD, FLORIDA 32798
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

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:

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

DENNIS CALLEN

4/29/02
 Date

407 884-8616
 Daytime Phone #

CR2E083 (9/01)