

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000495

1. Entity Name

RENU CONSTRUCTION, L.C.

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

mf

Principal Place of Business

160 BISCAY DRIVE
BAL HARBOUR FL 33154

Mailing Address

160 BISCAY DRIVE
BAL HARBOUR FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LANSING, JOSEPH D SR.
160 BISCAY DRIVE
BAL HARBOUR FL 33154

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.

SIGNATURE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LANSING, JOSEPH D SR.
160 BISCAY DRIVE
BAL HARBOUR FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
LANSING, JOSEPH D SR.
160 BISCAY DRIVE
BAL HARBOUR FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
TARMAN, SANDRA S
160 BISCAY DR.
BAL HARBOUR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000003327180--0
-07/19/00--01018--004
*****50.00 *****50.00

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

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

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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/10/2000

Date

305-867-0040

Daytime Phone #

CR 15-0123 (1/00)