

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 24, 2000 8:00 am  
Secretary of State

03-24-2000 90066 047 \*\*\*150.00

DOCUMENT # M42589

Entity Name  
RENNER INTERIOR DESIGNS, INC.

Principal Place of Business

3701 NW 126 AVENUE. #B-3  
CORAL SPRINGS FL 33065-2439

Mailing Address

3701 NW 126 AVENUE. #B-3  
CORAL SPRINGS FL 33065-2439  
US

00043504



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2323 SW 55th St

Suite, Apt. #, etc.

Suite 1001, Bldg 1000

City & State

Cooper City, FL

Zip

33330

Country

US

3. Mailing Address

12323 SW 55th St

Suite, Apt. #, etc.

Suite 1001, Bldg 1000

City & State

Cooper City, FL

Zip

33330

Country

US

4. FEI Number

59-2743554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RENNER, RICHARD W.  
175 BAY RIDGE LANE  
FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name

RENNER, RICHARD W.

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

2440 SW 116TH TERR.

City

DAVIE

FL

Zip Code

33325

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

2-25-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

NAME	DPST RENNER, RICHARD W	<input type="checkbox"/> Delete
STREET ADDRESS	2440 SW 116 TERR	
CITY-STATE-ZIP	DAVIE FL	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	DAVIE FL 33325	
TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Visser	
STREET ADDRESS	2440 SW 116th Terrace	
CITY-STATE-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

83-20-00 954-341-2318

Date

Daytime Phone #

CR2E034 (9/99)