2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2002 8:00 am Secretary of State DOCUMENT # N0000006797 1. Entity Name MILTON RENAISSANCE CORPORATION 05-24-2002 91309 048 ****61.25 Principal Place of Business Mailing Address 4290 HIGHWAY 90 4290 HIGHWAY 90 PACE FL 32571 PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3678741 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUNT, BRADLEY 4290 HIGHWAY 90 **PACE FL 32571** City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE ☐ Change (9/01)🔀 Addition NAME MCARTHUR, CLIFTON S NAME Jeff Rosents 769 Hermitage Circle E037 STREET ADDRESS 4894 HAMILTON BRIDGE RD. STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP DP ☐ Delete TITLE Addition NAME HUNT, BRADLEY NAME STREET ADDRESS 4455 CASA GRANDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP. MILTON FL 32583 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARVER, RALPH NAME STREET ADDRESS **4284 HIGHWAY 90** STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP DST TITLE Delete TITLE ☐ Change Addition SANBORN, MIKE NAME STREET ADDRESS 5687 HAMILTON BRIDGE RD. STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition BLOCKER, WANYE NAME STREET ADDRESS 6530 MUNSON HWY. STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

LES SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

4/29/02

850 999-7664

Daytime Phone #

☐ Addition