

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N00000007765*

1. Entity Name

Ren and Aaron, Inc of Jacksonville.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 14 AM 9:43

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2. Principal Place of Business

2404 Palmdale Street

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL

City & State

4. FEI Number

59-3682310

Applied For

Not Applicable

Zip

Country

Zip

Country

32208

America

5. Certificate of Status Desired

✓

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Renaldo Youngs

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

2404 PALMDALE

Jax.

City

Jacksonville.

FL

Zip Code

32208

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IN THIS SPACE**

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

Renaldo Youngs

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

(NOTE: Registered Agent signature required when reinstating)

6-14-2002

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE <i>POD</i>	<i>Renaldo Youngs</i>	TITLE	<i>400006208784--2</i>
NAME	<i>2404 Palmdale St</i>	NAME	<i>-07/05/02--01014--004</i>
STREET ADDRESS	<i>Jax. FL. 32208</i>	STREET ADDRESS	<i>*****70.00 *****70.00</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <i>VPT</i>	<i>Alcazo Youngs</i>	TITLE	
NAME	<i>2404 Palmdale St</i>	NAME	
STREET ADDRESS	<i>Jax. FL. 32208</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <i>ST</i>	<i>Zeynell Rutledge</i>	TITLE	
NAME	<i>2404 Palmdale St.</i>	NAME	
STREET ADDRESS	<i>Jax. FL. 32208</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <i>TT</i>	<i>Sandra McCoy</i>	TITLE	
NAME	<i>2404 Palmdale St.</i>	NAME	
STREET ADDRESS	<i>Jax. FL. 32208</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Renaldo Youngs

6-14-2002

CR2E037B (12/01)