

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90082 039 \*\*\*150.00

**DOCUMENT #** P00000029642

**1. Entity Name**

RENEPAT, INC.



**Principal Place of Business**  
~~3707-Winkler-Avenue-Ext.~~  
~~APT.-1606~~  
~~Fort-Myers,-FL-33916~~

**Mailing Address**  
~~3707-Winkler-Avenue-Ext.~~  
~~APT.-1606~~  
~~Fort-Myers,-FL-33916~~

00022940

**2. Principal Place of Business**  
 12031 Mahogany Isle Lane  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 12031 Mahogany Isle Lane  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 Fort Myers, FL

**City & State**  
 Fort Myers, FL

**4. FEI Number**  
 65-0993723

**Applied For**  
 Not Applicable

**Zip**  
 33913

**Country**  
 USA

**Zip**  
 33913

**Country**  
 USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

~~Schwartz, Gary~~  
~~3707-Winkler-Avenue-Ext.~~  
~~APT.-1606~~  
~~Fort-Myers,-FL-33916~~

**7. Name and Address of New Registered Agent**

**Name**  
 Patrick S. Palmisano, Sr.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 12031 Mahogany Isle Lane  
**City**  
 Fort Myers, **FL** **Zip Code**  
 33913

**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** *Patrick S. Palmisano*  
 Signature, typed or printed name of registered agent and title if applicable.

Patrick S. Palmisano, Sr., President

2/23/01  
 DATE

**9. 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, 2001 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**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PSTD	<input type="checkbox"/> Delete
<b>NAME</b>	Patrick S. Palmisano, Sr.	
<b>STREET ADDRESS</b>	3707 Winkler Avenue Ext. APT 1606	
<b>CITY-ST-ZIP</b>	Fort Myers, FL 33916	
<b>TITLE</b>	VPD	<input type="checkbox"/> Delete
<b>NAME</b>	Irene Palmisano	
<b>STREET ADDRESS</b>	3707 Winkler Avenue Ext. APT 1606	
<b>CITY-ST-ZIP</b>	Fort Myers, FL 33916	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	12031 Mahogany Isle Lane	
<b>CITY-ST-ZIP</b>	33913	
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	12031 Mahogany Isle Lane	
<b>CITY-ST-ZIP</b>	33913	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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:** *Patrick S. Palmisano* 2/23/01 Patrick S. Palmisano, Sr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)