


FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 91212 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|   |                          |                                 |   |   |  |
|---|--------------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # P00000029642</b>  |                          |                                 |   |  |  |
| 1. Entity Name<br><b>RENEPAT, INC.</b>  |                          |                                 |   |   |  |
| Principal Place of Business<br>12031 MAHOGANY ISLE LANE<br>FORT MYERS, FL 33913   |                          |                                 | Mailing Address<br>12031 MAHOGANY ISLE LANE<br>FORT MYERS, FL 33913   |   |  |
| 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<br><b>65-0993723</b>  |                          |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |                                 | \$8.75 Additional Fee Required  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>PALMISANO, PATRICK S SR<br/>12031 MAHOGANY ISLE LANE<br/>FORT MYERS, FL 33913</b>   |                          |                                 | 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. I am familiar with, and accept the obligations of registered agent.   |                          |                                 |   |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining)</small>   |                          |                                 |   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State  |                          |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE   | D                        | <input type="checkbox"/> Delete | TITLE   | DPST  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PALMISANO, PATRICK S SR. |                                 | NAME  |   |  |
| STREET ADDRESS  | 12031 MAHOGANY ISLE LANE |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | FORT MYERS, FL 33913     |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | D                        | <input type="checkbox"/> Delete | TITLE   | DV  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PALMISANO, IRENE         |                                 | NAME  |   |  |
| STREET ADDRESS  | 12031 MAHOGANY ISLE LANE |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | FORT MYERS, FL 33913     |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                          |                                 | NAME  |   |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                          |                                 | NAME  |   |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                          |                                 | NAME  |   |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                          |                                 | 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 607, 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. |                          |                                 |   |   |  |
| SIGNATURE: <i>Patrick S. Palmisano</i>  |                          |                                 | 4/11/03 239-947-1955  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          |                                 | Daytime Phone #   |   |  |
| Patrick S. Palmisano, President   |                          |                                 |   |   |  |

11005195

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

*Attachment #*

April 17, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Renepat, Inc.  
Document #P00000029642

*11005195*

Ladies and Gentlemen:

Enclosed please find the 2003 Uniform Business Report for filing with the Florida Department of State on behalf of the above referenced entity, along with a check made payable to the Department of State in the amount of \$150.00.

Very truly yours,



Robin Keen  
Legal Assistant

Enclosures

cc: P. Palmisano