

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90041 031 ***150.00

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DOCUMENT # P00000104340

1. Entity Name

DANIEL R. RENUART, M.D., P.A.

Principal Place of Business

**1920 VERANO DR
 STE 105
 HAINES CITY FL 33844
 US**

Mailing Address

**1920 VERANO DR
 STE 105
 HAINES CITY FL 33844
 US**

2. Principal Place of Business

519 Jones Ave.

3. Mailing Address

519 Jones Ave.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Haines City, FL

City & State

Haines City, FL

Zip

33844

Country

US

Zip

33844

Country

US

4. FEI Number

58-2583454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, JOSEPH A
 3500 S. FLORIDA AVE., STE. 3
 LAKELAND FL 33803**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D	☐ Delete
NAME	RENUART, DANIEL R M.D.	
STREET ADDRESS	5439 KINGSMONT DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V	☐ Delete
NAME	RENUART, JILL	
STREET ADDRESS	5439 KINGSMONT DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	329 Boxwood Dr	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	329 Boxwood Dr.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jill Renuart **Jill Renuart**

3-10-02

863-421-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)