

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 032 ***150.00

DOCUMENT # PC0000110115
1. Entity Name
RICHARD W. RENO, P.A.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|--|-------------------------|
| 2. Principal Place of Business <u>66 LOWER BRIDGE RD.</u> Suite, Apt. #, etc. | | 3. Mailing Address <u>P.O. Box 368</u> Suite, Apt. #, etc. | |
| City & State <u>CRAWFORDVILLE, FL</u> | | City & State <u>CRAWFORDVILLE, FL</u> | |
| Zip <u>32327</u> | Country <u>USA</u> | Zip <u>32326-0368</u> | Country <u>U.S.A</u> |

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| | |
|---|--|
| 4. FEI Number <u>59-3683306</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICHARD W. RENO

Street Address (P.O. Box Number is Not Acceptable)
66 LOWER BRIDGE ROAD

City CRAWFORDVILLE FL Zip Code 32327

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) <input checked="" type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT RICHARD W. RENO 66 LOWER BRIDGE RD. CRAWFORDVILLE, FL 32327</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] RICHARD W. RENO, 04.19.02 850.926.6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)