

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90123 043 ***150.00

DOCUMENT # P00000112323

1. Entity Name
RENEE MARTONE-CECIL, INC.

Principal Place of Business

Mailing Address

~~ONE SARASOTA TOWER, STE 700~~
~~2 N TAMiami TR~~
~~SARASOTA FL 34236~~

~~ONE SARASOTA TOWER, STE 700~~
~~2 N TAMiami TR~~
~~SARASOTA FL 34236~~

80101201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7365 Merchant Ct.

7365 Merchant Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

Suite #5

City & State

City & State

Sarasota

Sarasota, FL

Zip

Country

Zip

Country

FL 34240

34240

Sarasota

4. FEI Number

65-1062227

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTONE-CECIL, RENEE

~~ONE SARASOTA TOWER, STE 700~~

~~2 N TAMiami TR~~

~~SARASOTA FL 34236~~

Name

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

7365 Merchant Ct

Suite 5

City

Sarasota

FL

Zip Code

34240

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

Renee Martone-Cecil

4/26/02

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.

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

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MARTONE-CECIL, RENEE**
STREET ADDRESS ~~1 SARASOTA TOWER #700, 2 N TAMiami TR~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **7365 Merchant Ct #5**
CITY-ST-ZIP **Sarasota, FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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☐ Change ☐ Addition
TITLE
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 recipient of trustee empowerment 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: *Renee Martone-Cecil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

941-907-0101

CR2E034 (9/01)