


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112323			
1. Entity Name RENEE MARTONE-CECIL, INC.			
Principal Place of Business 7365 MERCHANT CT STE #5 SARASOTA, FL 34240		Mailing Address 7365 MERCHANT CT STE #5 SARASOTA, FL 34240	
2. Principal Place of Business <i>6130 55th Ave Circle East</i>		3. Mailing Address <i>6130 55th Avenue Circle East</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Bradenton FL</i>		City & State <i>Bradenton FL</i>	
Zip <i>34203</i>		Zip <i>34203</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-1062227		Applied For <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 MARTONE-CECIL, RENEE 7365 MERCHANT CT STE 5 SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) <i>6130 55th Ave Circle East</i> City <i>Bradenton</i> FL Zip Code <i>34203</i>	
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 _____ (NOTE: Registered Agent signature required when submitting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP D MARTONE-CECIL, RENEE 7365 MERCHANT CT SARASOTA, FL 34240		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6130 55th Avenue Circle East</i> <i>Bradenton FL 34203</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Robert Wenzel</i> <i>2801 Fruitville Rd. #135</i> <i>Sarasota FL 34207</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Robert Wenzel</i>		4-30-03 941-953-7777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)