

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

DOCUMENT # P01000037831

1. Entity Name

Rennoc, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3000 NE 40th Street

Suite, Apt. #, etc.

3. Mailing Address

3000 NE 40th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Fort Lauderdale, FL

City & State  
 Fort Lauderdale, FL

4. FEI Number  
 65-1093234

Applied For  
 Not Applicable

Zip  
 33308

Country  
 USA

Zip  
 33308

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 Jason D. Conner

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

3000 NE 40th Street

City  
 Fort Lauderdale

FL Zip Code  
 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 President  
 Jason D. Conner  
 3000 NE 40th Street Ft. Lauderdale, FL 33308

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jason D. Conner*

Jason D. Conner

1/31/03

954-914-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034E (12/02)