APR.28'2003 10:44 4073392521 WOLFE YOUNG COMPANY

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Jun 30, 2003 8:00 am
Secretary of State
05-05-2003 91439 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P02000043509

1. Entity Name
SCOTT RENICK, P.A.

55656233

added

Principal Place of Business
2109 SUEHAVEN DR
ORLANDO, FL 32806

Mailing Address
2109 SUEHAVEN DR
ORLANDO, FL 32806

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State | 4. FEI Number 04-3641943 | Applied For / Not Applicable

Zip | Country | Zip | Country | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENICK, SCOTT
2109 SUEHAVEN DR
ORLANDO, FL 32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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		
PST RENICK, SCOTT 2109 SUEHAVEN DR ORLANDO, FL 32806	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ 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: _____ 4/29/03 407 423 5400
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR | Date | Daytime Phone #

DPDE034 (10/02)