

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 010 ***150.00

DOCUMENT # <u>P02000064404</u>			
1. Entity Name <u>Renaissance Management Group, Inc</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>6222 Greatwater Dr.</u> Suite, Apt. #, etc.		3. Mailing Address <u>P.O. Box 770458</u> Suite, Apt. #, etc.	
City & State <u>Windermere, FL</u>		City & State <u>Winter Garden, FL</u>	
Zip <u>34786</u>	Country <u>USA</u>	Zip <u>34777</u>	Country <u>USA</u>
4. FEI Number <u>46-0487161</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Charles W. Cramer</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1420 Edgewater Dr</u>			
City <u>Orlando</u>		FL	Zip Code <u>32804</u>
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 reinstating)			
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. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CDS</u> <u>John T. Walker</u> <u>17529 Deer Isle Circle</u> <u>Killarney, FL 34740</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PDT</u> <u>Bryan Lockwood</u> <u>1868 Monte Carlo Way</u> <u>Coral Springs, FL 33071</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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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: <u>John T. Walker</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>John T. Walker</u>	
		Date <u>4/30/03</u>	Daytime Phone # <u>407 877-4080</u>

CR2E034B (12/02)