

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2003 8:00 am**  
**Secretary of State**

07-22-2003 90050 020 \*\*\*158.75

**DOCUMENT # P02000116081**

**1. Entity Name**  
**RENARD CONSULTING, INC.**



**Principal Place of Business**  
**4955 LITTLE FOX LANE**  
**JACKSONVILLE FL 32256**

**Mailing Address**  
**4955 LITTLE FOX LANE**  
**JACKSONVILLE FL 32256**

**2. Principal Place of Business**  
**7955 Little Fox Lane**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**7955 Little Fox Lane**  
Suite, Apt. #, etc.

**City & State**  
**JACKSONVILLE, FLORIDA**

**City & State**  
**JACKSONVILLE, FLORIDA**

**4. FEI Number**  
**01-0750185**

**Applied For**  
**Not Applicable**

**Zip**  
**32256**

**Country**  
**USA**

**Zip**  
**32256**

**Country**  
**USA**

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**RENARD, BRUCE W**  
**4955 LITTLE FOX LANE**  
**JACKSONVILLE FL 32256**

**7. Name and Address of New Registered Agent**

**Name** **Renard, BRUCE W.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7955 Little Fox Lane**  
**City** **JACKSONVILLE** **FL** **Zip Code** **32256**

**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** **Bruce W. Renard**

**7.20.03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>D</b>	<b>NAME</b> <b>RENARD, BRUCE W</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b>4955 LITTLE FOX LANE</b>		
<b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32256</b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>P, D</b>	<b>NAME</b> <b>RENARD, BRUCE W.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>7955 Little Fox Lane</b>		
<b>CITY-ST-ZIP</b> <b>JACKSONVILLE, FL 32256</b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		
<b>TITLE</b> <b></b>	<b>NAME</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b></b>		
<b>CITY-ST-ZIP</b> <b></b>		

**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:** **BRUCE W. RENARD (BRUCE W. RENARD)** **7.20.03 904928-3434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)