FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 037 ***150.00

DOCUMENT # P05000015060

1. Entity Name
RENEE C. LOPER CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

40079338

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
107 PINE TREE LANE	107 PINE TREE LANE
Suite, Apt #, etc	Suite, Apt #, etc
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

4. FEI Number: 54-2166262 — Applied For / Not Applicable

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: Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City: MIAMI FL Zip Code: 33145

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

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	P RENEE C. LOPER 107 PINE TREE LANE ALTAMONTE SPRINGS, FL 32714	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: [signature] RENEE C. LOPER 04/24/06 917-923-4236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR