2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P92000003092

1. Entity Name R.N.N., INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90708 045 ***150.00

				WE TE				
Principal Place of Business 290 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33883			Mailing Address 290 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33883					
2. Principal Place of Business		3. Mailing Address				51 40 180 (115) 9014 1016 1101 1001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3228374	Applied For Not Applicable		
Zip	Country	Zíp	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
NOLEN, J. M				Name	1			
290 CYPRESS GARDENS BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN	1 FL 33003							
				City	ty FL Zip Code			
	ed entity submits this statem f registered agent.	ent for the purpose of chang	jing its registere	d office or regis	stered agent, or both, in the State of Florida. I a	m familiar with, and accept		
					·			
SIGNATURE	ire, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent signature reg	quired when reinstating) DATi	<u>. </u>		
1								
FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing		\$5.00 May Be		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees		
маке Спеск Рауа		<u> </u>						
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	FM 144	☐ Delete				☐ Change ☐ Addition		
	EN, J.M.	١٣.	NAME					
STREET ADDRESS 290 CYPRESS GARDENS BLVD				T ADDRESS				

CITY-ST-ZIP	MINIEU LIVACIA LE 22000		G117-51-21P		ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOLEN, JOHN C. 15606 E BOURNE DRIVE TAMPA FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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.

CITY-ST-ZIP

CITY-ST-7IP