

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081308

1. Entity Name  
REN I CORP.



FILED  
03 MAY -5 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
100 S DIXIE HIGHWAY, SUITE 200  
WEST PALM BEACH FL 33401  
US

Mailing Address  
100 S DIXIE HIGHWAY, SUITE 200  
WEST PALM BEACH FL 33401  
US



2. Principal Place of Business  
999 Indian Road

3. Mailing Address  
999 Indian Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Palm Beach, FL

City & State  
Palm Beach, FL

Zip 33480 Country USA

Zip 33480 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0655394

Applied For  
Not Applicable

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

FRISBIE, DAVID W.  
1000 INDIAN ROAD  
PALM BEACH FL 33480

Name

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

999 Indian Road

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FRISBIE, DAVID W  
STREET ADDRESS 1000 INDIAN ROAD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 999 Indian Road  
CITY-ST-ZIP

TITLE STD  
NAME AIKEN, ANDREW M  
STREET ADDRESS 145 SEAGATE ROAD  
CITY-ST-ZIP PALM BEACH FL ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900018948659  
CITY-ST-ZIP 05/14/03--01071--004 \*\*1643.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

561-818-0030

Date

Daytime Phone #

CR2E034 (10/02)