

## 2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092402

1. Entity Name  
RENIAN, INC.

Principal Place of Business

P.O. BOX 2359  
WINDERMERE FL 34786  
US

Mailing Address

P.O. BOX 2359  
WINDERMERE FL 34786  
US

2. Principal Place of Business

27 Heather Green Ct

3. Mailing Address

27 Heather Green Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Ocoee FL

City &amp; State

Ocoee FL

Zip

34761

Country

Orange

Zip

34761

Country

Orange

4. FEI Number

59-3282621

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PTOLOMEY, MICHELE  
4474 BEGONIA CT  
WINDERMERE FL 34786

Name

Ptolomey, Michelle

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

27 Heather Green Ct

City

Ocoee

FL

Zip Code  
34761

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.

SIGNATURE



2/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

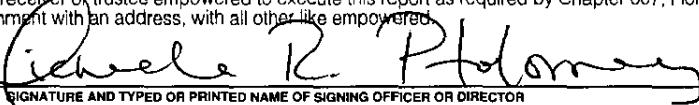
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PTOLOMEY, MICHELLE 27 HEATHER GREEN COURT OCOEE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PTOLOMEY, MARK 9 ROSEBERRY COURT OCOEE FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4.30.01 4078778602

Date

Daytime Phone #

043467