

2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092402

1. Entity Name
RENIAN, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90236 043 ***158.75

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
Suite, Apt. #, etc.

3. Mailing Address
27 Heather Green Ct
Suite, Apt. #, etc.

City & State
Ocoee FL

City & State
Ocoee FL

4. FEI Number **59-3282621**

Applied For
Not Applicable

Zip
34761
Country
Orange

Zip
34761
Country
Orange

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

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

4/23/01
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 State

10. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
PTOLOMEY, MICHELLE
27 HEATHER GREEN COURT
Ocoee FL 34761 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
PTOLOMEY, MARK
9 ROSEBERRY COURT
Ocoee FL 34761 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: **Michelle R. Ptolomey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.01 **4078778602**
Date Daytime Phone #

0434457

CR2E034 (10/00)