2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90088 003 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000077826

1. Entity Name
RENAISSANCE CONSTRUCTION OF CENTRAL FLORIDA, INC

Principal Place of Business	Mailing Address
2529 KINGSLAND AVE. ORLANDO FL 32808	2529 KINGSLAND AVE. ORLANDO FL 32808-4537

2. Principal Place of Business	3. Mailing Address
461 West Desoto	461 W. Desoto
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Clermont Fl.	Clermont Fl.
City & State	City & State
Zip 34711 / Country	Zip 34711 / Country

4. FEI Number 59-3342757 ☐ 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
EAYRS, ALLAN F 2529 KINGSLAND AVE. ORLANDO FL 32808	Name: Michael J. Seymour Street Address (P.O. Box Number is Not Acceptable): 461 W. Desoto St. City: Clermont **FL** Zip Code 34711

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 [signature] DATE 4-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D EAYRS, ALLAN F 12924 LAKESHORE DRIVE CLERMONT FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Pres. Michael J. Seymour 461 W. Desoto St Clermont Fl. 34711 ☑ 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
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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: SIGNATURE REQUIRED [signature] 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)