## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P95000097435

**DOCUMENT #** 1. Entity Name

RENA ENTERPRISES, INC.

Principal Place of Business

Mailing Address EN CHILE OF MEVICO DD

**FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90161 036 \*\*\*150.00

5251 GULF OF P.O. BOX 8348 LONGBOAT KE 2. Principal Pl		P.O. BOX 8348 LONGBOAT KEY FL 34228  3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			<b>4.</b> F	FEI Number <b>65-0645737</b>		Applied For Not Applicable	
Zip	Country	Zip		Country	5. 0	Certificate of Status Desired		8.75 Add e Required	
···	6. Name and Address of Current	i Registered	l-Agent		7. N	ame and Address of New Reg	gistered Ag	ent .	
				Name					
SCHMIDT,			Street Addres			s (P.O. Box Number is Not Acceptable)			
	F OF MEXICO DR.			<u>.</u>					
P.O. BOX			-					Zip Code	
LONGBOAT KEY FL 34228				City			FL	Zip Code	3
the obligat	named entity submits this statement foions of registered agent.  Signature, typed or printed name of registered agent			registered office or regi	<u></u>		DATE		
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o		35	11.	AD	Election Campaign Fina     Trust Fund Contribution:     ODITIONS/CHANGES TO OFFICE		Added	May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SCHMIDT, ROLF 5251 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	DIRECTO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLESSING, SCOTT 405 OAK HILL LN WYOMISSING PA 19610		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	Change	☐ Addition
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	THOMISON STATES		☐ 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		<del></del>	☐ Delete	TITLE NAME				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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

Date

Daytime Phone #