

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90069 029 ***150.00

DOCUMENT # P96000016194

1. Entity Name
RENFRÖE & JACKSON, INC.



Principal Place of Business
6520 DANIELS ROAD
NAPLES FL 34109

Mailing Address
6520 DANIELS ROAD
NAPLES FL 34109



2. Principal Place of Business
2550 Garland Rd
Suite, Apt. #, etc.

3. Mailing Address
2550 Garland Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Naples, FL
Zip **34117** **Country** **USA**

City & State
Naples, FL
Zip **34117** **Country** **USA**

4. FEI Number **65-0659708**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RENFRÖE, EDWARD
6520 DANIELS ROAD
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **Renfro, Edward**
Street Address (P.O. Box Number is Not Acceptable) **5088 Seashell Lane**
City **Naples** **FL** **Zip Code** **34103**

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 **Edward A. Renfro, President** **1/17/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RENFRÖE, EDWARD	
STREET ADDRESS	6520 DANIELS ROAD	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, DARVIN	
STREET ADDRESS	5011 14TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renfro, Edward	
STREET ADDRESS	5088 Seashell Lane	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Darvin	
STREET ADDRESS	6290 Cedartree Lane	
CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 239-455-5020

Date Daytime Phone #

CR2E034 (10/02)