

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90026 026 ***150.00

DOCUMENT # P96000089853

1. Entity Name

RENAISSANCE FLOORING, INC.

Principal Place of Business

**503 BOCAT DRIVE
 PANAMA CITY BEACH FL 32408**

Mailing Address

**503 BOCAT DRIVE
 PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

7505 McElvey Road

Suite, Apt. #, etc.

3. Mailing Address

7505 McElvey Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL

Zip
32408

Country

Bay

City & State

Panama City Beach, FL

Zip

32408

Country

Bay

4. FEI Number

59-3435058

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BARKER, CATHY L

503 BOCAT DRIVE

PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Cathy L Barker

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

(NOTE: Registered Agent signature required when reinstating)

2-25-02

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**V
 BARKER, BILL
 503 BOCAT DRIVE
 PANAMA CITY BEACH FL 32408**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**President/owner
 Cathy Barker
 7505 McElvey Rd.
 Panama City Beach, FL 32408**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Cathy L Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 850-235-1545

Date

Daytime Phone #

CR2E034 (9/01)