

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90083 003 ***150.00

0124067 AV

DOCUMENT # P97000006723

1. Entity Name
RENO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~1385 20TH AVE~~
~~VERO BEACH FL 32960~~

~~1385 20TH AVE~~
~~VERO BEACH FL 32960~~

2. Principal Place of Business

3. Mailing Address

1340 Poitras Dr.
 Suite, Apt. #, etc.

P.O. Box 3915
 Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL

Vero Beach, FL

Zip
32963

Country

Zip

32964

Country

4. FEI Number

65-0725441

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

RENO, THOMAS M

~~1385 20TH AVE~~
~~VERO BEACH FL 32960~~

Name

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

1340 POITRAS DR.

City

VERO BEACH

FL

Zip Code

32963

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☐ Delete
NAME RENO, THOMAS M
STREET ADDRESS ~~1385 20TH AVE~~
CITY-ST-ZIP ~~VERO BEACH FL 32960~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 1340 Poitras Dr.
CITY-ST-ZIP Vero Beach, FL 32963

TITLE TD ☐ Delete
NAME RENO, THOMAS M
STREET ADDRESS ~~1385 20TH AVE~~
CITY-ST-ZIP ~~VERO BEACH FL 32960~~

☒ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02

872-713-0131

Date

Daytime Phone #

CR2E034 (9/01)