

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90109 006 ***150.00

DOCUMENT # P97000014547

1. Entity Name

RENAISSANCE PLASTERING, INC.



Principal Place of Business

P.O. BOX 1971

BUNNELL FL 32110-1971

Mailing Address

P.O. BOX 1971

BUNNELL FL 32110-1971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1971

City & State

Bunnell FL

Zip

32110

Country

USA

Suite, Apt. #, etc.

P.O. Box 1971

City & State

Bunnell FL

Zip

32110

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3435693

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

SAVY, BENJAMIN

2825 N. OCEANSHORE BLVD.

FLAGLER BEACH FL 32136

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SELLERS, CHESLEY H	
STREET ADDRESS	1285 BEECH BLVD.	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Chesley H Sellers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chesley H Sellers 4-21-03

Date

Daytime Phone #

386 437-5551

CR2E034 (10/02)