

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075252

1. Entity Name
RENAISSANCE ENTERPRISES LIMITED, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90798 001 ***450.00

Principal Place of Business

715 4TH PLACE
VERO BEACH FL 32962

Mailing Address

715 4TH PLACE
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

775 26TH Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Vero Beach, FL

4. FEI Number 59-0779669

Applied For
Not Applicable

Zip

Country

Zip 32962

Country

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

KUHNERT, JEFFREY W
715 4TH PLACE
VERO BEACH FL 32962

Name

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

775 26TH Ave

City

Vero Beach

FL

Zip Code

32962

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 P
NAME KUHNERT, JEFFREY W
STREET ADDRESS 715 4TH PLACE
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 775 26TH Ave
CITY-ST-ZIP Vero Beach, FL 32962

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

561-562 8739

Daytime Phone #

CR2E034 (9/01)