

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90216 017 ***158.75

DOCUMENT # P97000082993

1. Entity Name
RENAISSANCE RENOVATION OF NAPLES, INC.



Principal Place of Business
**2648 LINWOOD AVE.
NAPLES FL 34112**

Mailing Address
**2648 LINWOOD AVE.
NAPLES FL 34112**

2. Principal Place of Business

1109 9th Ave N

Suite, Apt. #, etc.

3. Mailing Address

1109 9th Ave N

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34102

Country

Collier

Zip

34102

Country

Collier

4. FEI Number

59-3486326

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARROLL, ROBERT M
2648 LINWOOD AVE.
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **Carroll, Robert M**

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

1109 9th Ave N

City

Naples

FL

Zip Code

34102

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

TITLE **PD** ☐ Delete
NAME **CARROLL, ROBERT M**
STREET ADDRESS **2648 LINWOOD AVE.**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Carroll, Robert M**
STREET ADDRESS **1109 9th Ave N**
CITY-ST-ZIP **Naples FL 34102**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)