

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094497

1. Entity Name

RENNOB PHONE SYSTEMS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90077 011 \*\*\*150.00

Principal Place of Business

Mailing Address

7106 PINE BLUFF DR  
LAKE WORTH FL 33467  
US

7106 PINE BLUFF DR  
LAKE WORTH FL 33411-8924  
US

80000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4391 122nd DR-N.

Suite, Apt. #, etc.

3. Mailing Address

4391 122nd DR-N.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip  
33411

Country

City & State

Royal Palm Beach, FL

Zip

33411

Country

4. FEI Number

65-0805985

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

BONNER, LEONARD J  
7106 PINE BLUFF DR  
LAKE WORTH FL 33467

Name

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

4391 122nd DR-N.

City Royal Palm Beach

FL

Zip Code  
33411

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

Leonard J. Bonner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/20

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS 7106 PINE BLUFF DR  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☒ Change ☐ Add  
NAME  
STREET ADDRESS 4391 122nd DR-N.  
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add  
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

Leonard J. Bonner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00

Daytime Phone #

(561) 333-5324