

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90104 002 \*\*\*150.00

DOCUMENT # **P98000023302**

1. Entity Name

**REN STAR, INC.**

|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| Principal Place of Business                        | Mailing Address                                    |
| 104 SE 1st Avenue, Suite B<br>Ocala, Florida 34471 | 104 SE 1st Avenue, Suite B<br>Ocala, Florida 34471 |

|                                                     |                                         |
|-----------------------------------------------------|-----------------------------------------|
| 2. Principal Place of Business<br>104 SE 1st Avenue | 3. Mailing Address<br>104 SE 1st Avenue |
| Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.                     |

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>Ocala, Florida | City & State<br>Ocala, Florida |
| Zip<br>34471                   | Zip<br>34471                   |
| Country<br>USA                 | Country<br>USA                 |

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-3496313 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0026106****6. Name and Address of Current Registered Agent****Joseph Sorrentino**  
104 SE 1st Avenue  
Ocala, FL 34471**7. Name and Address of New Registered Agent**

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| Name                                               | <b>Joseph Sorrentino</b> |
| Street Address (P.O. Box Number is Not Acceptable) | <b>104 SE 1st Avenue</b> |
| City                                               | <b>Ocala</b>             |
| State                                              | <b>FL</b>                |
| Zip Code                                           | <b>34471</b>             |

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 **Joseph Sorrentino, President**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**02/13/01**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, 2001 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**

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>P/D</b>                                                                   |
| STREET ADDRESS | <b>Joseph Sorrentino</b>                                                     |
| CITY-ST-ZIP    | <b>104 SE 1st Avenue</b>                                                     |
|                | <b>Ocala, Florida 34471</b>                                                  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>VP/D</b>                                                                  |
| STREET ADDRESS | <b>Mary Standley</b>                                                         |
| CITY-ST-ZIP    | <b>104 SE 1st Avenue</b>                                                     |
|                | <b>Ocala, FL 34471</b>                                                       |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>S/T/D</b>                                                                 |
| STREET ADDRESS | <b>Lynn Craggs</b>                                                           |
| CITY-ST-ZIP    | <b>104 SE 1st Avenue</b>                                                     |
|                | <b>Ocala, Florida 34471</b>                                                  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Joseph Sorrentino, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/13/01**

Date

Daytime Phone #

CR2E034 (11/00)