2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P98000024615 1. Entity Name THE RANEW INSURANCE AGENCY, INC. 02-06-2001 90251 042 ***150.00 Principal Place of Business Mailing Address 736 E EAU GALLIE BLVD 514 NORTH RIVER OAKS DRIVE INDIAN HARBOUR BEACH FL 32937 INDIALANTIC FL 32903 00014209 2. Principal Place of Business 3. Mailing Address 736 E. EAU GALLE Blue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3501848 NdiAN HArbour Beach, FL Not Applicable Country Brevard Zip Country \$8.75 Additional 5. Certificate of Status Desired 72937 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANEW, BARRY R Street Address (P.O. Box Number is Not Acceptable) 514 NORTH RIVER OAKS DR. INDIALANTIC FL 32903 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition TITI F Change NAME RANEW, BARRY R NAME STREET ADDRESS 514 NORTH RIVER OAKS DRIVE STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR