Pencepad Place of Business 101-08-2001 90044 003 **=150.00 19 900 \$T 90 WINTER HAVEN R. 23890 2. Principal Place of Business Suite, Apr. # etc. City & State Ci	DOCUMENT # P9800099700 1. Entity Name RENI PUBLISHING, INC.							FILED Jan 08, 2001 8:00 am Secretary of State				
193 388 D ST SW WINTER HAVEN FL 3880 WINTER HAVEN FL 3880 WINTER HAVEN FL 3880 2. Principal Place of Business Suits, Apt. #, etc. Suits, Apt. #,	Principal Plac	ce of Busines		Mailing Address					•			
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Status Desired Stat	City & Stat	te		City & State							polied For	1
S. Certificate of Status Desired Fee Required			T 0- /					Not Ap				
Street Address (P.O. Box Number is Not Acceptable)	∠ıp 		Country	Zip	Cour	ntry	5.	Certificate of Status Desired				
JENSEN, O. JOE 441 E. CENTRAL AVE. WINTER HAVEN FL 33880 City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code Stream Address (P.O. Box Number is Not Acceptable) DATE Stream Address (P.O. Box Number is Not Acceptable) DATE Stream Address (P.O. Box Number is Not Acceptable) DATE Stream Address (P.O. Box Number is Not Acceptable) DATE DATE Stream Address (P.O. Box Number is Not Acceptable) DATE DATE DATE Stream Address (P.O. Box Number is Not Acceptable) DATE DATE DATE DATE DATE DATE DATE DATE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INLE NAME STREAM AND STRE		6. Name	e and Address of Curre	ent Registered Agent		Name-	7.	Name and Address of New R	egistered Ag	ent		
WINTER HAVEN FL 33880 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangable. Taking dequirement and electis to do so. Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-51-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIRET ADDRESS TITLE NAME SIRET ADDRESS TITLE NAME SIRET ADDRESS CITY-51-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIRET ADDRESS TITLE NAME SIRET ADDRESS TITLE NAME SIRET ADDRESS CITY-51-2P TITLE ADDRESS CITY-51-2P CITY-51-2P CITY-51-2P TITLE ADDRESS CITY-51-2P CITY												-
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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on plack) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ITIE JENSEN, D. JOE SIRET ADDRESS CITY-ST-2P HAWELL, DENISE B HARWELL, DENISE 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 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. SIRRET ADDRESS 17. SIRRET ADD	,					City		**	FI	Zip Cod	le	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on Deck) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. Additional State of Contribution of State Additional Sta	8. The above	named entit	v submits this statemen	t for the purpose of changing	na its register	ed office or	renistered a	grent or both in the State of Flo		L	-	
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TITLE 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.	TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E E ET ADDRESS	:		[Change	☐ Addition	
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	TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E Et address			[☐ Change	Addition	
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 eddress with all other like empowered. SIGNATURE: D. JOE VENSEN (863)294-2800	13. I hereby of indicated of the corchanged,	on this reporporation or the poration or the poration or the poration and attains and the poration of the poration and the poration of the por	rt or supplemental repor ne receiver or trustee e r	rt is true and accurate and t reowered to execute this re	lify for the exe that my signa eport as requi ered.	mption state ture shall ha red by Cha	ave the same pter 607, Flo	e legal effect as if made under or rida Statutes; and that my name	ath: that I am	an officer Block 11 or	or director r Block 12 if	