## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000032998

1. Entity Name

THE RENAISSANCE BISTRO INC.



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

01-24-2003 90106 031 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								استنك						
Suffer, Apr. #, etc.    City & State   City & City & State   City & City & State   City & C	8695 COLLEGE PARKWAY SUITE 101				8695 COLLEGE PARKWAY SUITE 101								1 (111) (11) (11)	
City & State  Country  Country  A. FEI Number 65-0925169  Registered  S. Certificate of Status Desired  S. S. S. Additional For Registered Agent  T. Hanne and Address of New Registered Agent  For Registered For Registered Agent  T. Hanne and Address of New Registered Agent  City  FL  Zip Code  City  FL  Zip	2. Principal Place of Business				3. Mailing Address									
Country   Zp   Country   Zp   Country   S. Certificate of Status Desired   S8.75 Additional Fee Frequency   Secret Additional Fee Frequency	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
Zip Country Zip Country 5, Certificate of Status Desired S8.7.5 Additional Fox Population Fox Po	City & State				City & State			`4.		El Number <b>65-0925169</b>				
DESPOUNLETS, ANETTE  557 6TH AW N  SAINT PETERSBURG FL 33701  City FL Zip Code  6*, The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and accept the chilgalizations of registered agent, before presentance of registered agent, like the chilgalization of registered agent. The children of the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and accept the children of the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and accept the children of registered agent, or both, in the State of Florida. Tan familiar with, and accept the children of	Zip		Country	Zip	Zip Cour				<b>5.</b> (	Certificate of Status Desired		\$8.75 A	dditional	
DESBOURLETS, ANETTE 557 6TH AVE N SAINT PETERSBURG FL 33701  City FL Zip Code  6, The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  6, The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  6, The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  6, The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  6, The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  6, The above named entity submits the statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent.  6, The above named entity submits and the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the purpose of Florida Department of State Obligation.  6, The North Myers of Portion agent agent and the state of Florida Department of State Obligation.  7, The Above name agent		6. Name	and Address of Current	Register	red Agent				7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6, The above named entity submits this statument for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the citigations of registered agent.  SIGNATURE  FILE NOW!!! PEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. INAME SIREET ADDRESS  ON'-S1-2P  FORT MYERS FL 33919  Delete  Delete  MAKE  SIREET ADDRESS  ON'-S1-2P  Delete  MAKE  SIREET ADDRESS	معيدة حجاد عييان ي					. 2°2 + −1	Name	ودعت مسيح معيد موبد	تشيير		,			]_
City FL Zip Code  6; The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    The Now!!! FEE IS \$150.00	•							Street Address (P.O. Box Number is Not Acceptable)						
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. It am familiar with, and accept the obligations of registered agent.    SIGNATURE	SAINT PET	TERSBURG	FL 33701											1
SIGNATURE    FILE NOW!!   FEE IS \$150.00		· 		City				<del></del>	FL	Zip Co	ode			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PVPD RETINER, WALTRUAD SIREST ADDRESS OUTY-ST-2P  TITLE  MAME SIREST ADDRESS OUTY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME SIREST ADDRESS OUTY-ST-2P  TITLE  Delete  TITLE  NAME SIREST ADDRESS OUTY-ST-2P  TITLE  NAME SIREST ADDRESS OUTY-ST-2P	5: The above the obligat	named entity ions of regist	y submits this statement fo ered agent.	r the purp	ose of changing its	registere	d office or	registered	d age	ent, or both, in the State of Floo	rida. I am	familiar with	n, and accept	
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if ap	olicable. (NOTE:	: Registered	I Agent signati	ure required wh	nen rei	instating)	DATE			
TITLE NAME NAME RETINER, WALTRUAD STRETADORESS CITY-ST-ZIP TITLE NAME STRETADORESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00											<b>\$5.</b> □ Add	00 May Be ed to Fees	
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STREET ADDRESS   CITY-ST-ZIP   Change   Addition					☐ Delete			<i>j</i> ,		MYERS, FL	5 <u>3 7/</u>	☐ Change	Addition	7 6
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	CITY-ST-ZIP  12. I hereby c	ertify that the	information supplied with	this filina	does not qualify for t			ed in Secti	on 1	19.07(3)(i), Florida Statutes 1	further ce	tify that the	information	-

2. The Boy Certify that in a little fill of the state of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

WALTRAY

1/14/03 239 4/5 9/0°) Date Destine Phone #