

DOCUMENT # P99000037846

1. Entity Name

RENAISSANCE FURNITURE, INC.

Principal Place of Business

5544 NORWOOD AVE
JACKSONVILLE FL 32208

Mailing Address

5544 NORWOOD AVE
JACKSONVILLE FL 32208-5011

2. Principal Place of Business

5258-11 Norwood Ave.

Suite, Apt. #, etc.

3. Mailing Address

5258-11 Norwood Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Florida

Zip
32208Country
Duval

City & State

Jacksonville Florida

Zip
32208-5011Country
Duval

4. FEI Number

59-3558783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTCHLETT, NANCY
5544 NORWOOD AVE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name Bartchlett Nancy
Street Address (P.O. Box Number is Not Acceptable)
5258-11 Norwood Norwood Ave.City Jacksonville FL Zip Code 32208

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)

DATE

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

TITLE D ☐ Delete
NAME BARTCHLETT, NANCY
STREET ADDRESS 5544 NORWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32208TITLE D ☐ Delete
NAME BARTCHLETT, ALAN
STREET ADDRESS 5544 NORWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32208TITLE D ☐ Delete
NAME BARTCHLETT, RUSTY
STREET ADDRESS 5544 NORWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32208TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: NANCY BARTCHLETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)