

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049476

1. Entity Name

RENAISSANCE STONE WORKS, INC.

Principal Place of Business

6025 10TH AVENUE N.W.  
NAPLES FL 34119

Mailing Address

6025 10TH AVENUE N.W.  
NAPLES FL 34119-1327

2. Principal Place of Business

3043 CANAL ST.

Suite, Apt. #, etc.

3. Mailing Address

3043 CANAL ST

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip

33916

Country

LEE

City & State

FT. MYERS, FL

Zip

33916

Country

LEE

4. FEI Number

US-0923774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTEGON, SCOTT  
6025 10TH AVENUE N.W.  
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name CHARLES 'CLAY' COCKLEY

Street Address (P.O. Box Number is Not Acceptable)

794  
3043 CANAL ST.

City FT. MYERS

FL

Zip Code 33916

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

C. CLAY COCKLEY

3-19-00

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
ORTEGON, SCOTT  
6025 10TH AVENUE N.W.  
NAPLES FL 34119

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
COCKLEY, CHARLES  
794 19TH ST. S.W.  
NAPLES FL 34117

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. CLAY COCKLEY

3-19-00

Date

941-461-5455

Daytime Phone #

CR2E034 (9/99)