

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90066 022 ***150.00

DOCUMENT # S22497**1. Entity Name**
RENASCORP, INC.**Principal Place of Business**
% JANE DAY STUART
P.O. BOX 1428
PONTE VEDRA BCH FL 32004-1428**Mailing Address**
% JANE DAY STUART
P.O. BOX 1428
PONTE VEDRA BCH FL 32004-1428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3052354**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****STUART, JANE DAY**
1101 PONTE VEDRA BLVD.
PONTE VEDRA BCH FL 32082

Name

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

City

FL

Zip Code

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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STUART, JANE DAY 1101 PONTE VEDRA BLVD. PONTE VEDRA BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUART, JANE DAY 1101 PONTE VEDRA BLVD. PONTE VEDRA BCH FL	☐ Delete
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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:****JANE DAY STUART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 904-285-7063

CR2E034 (9/01)