2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

270753 DOCUMENT

1. Entity Name

RENT-ALL OF TAMPA, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

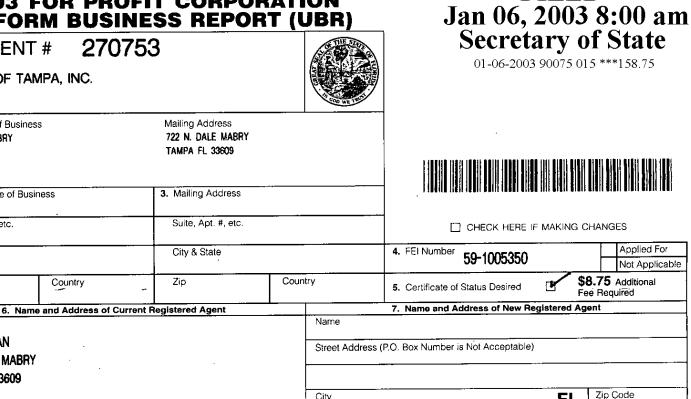
THICKEY, JOAN

722 N DALE MABRY **TAMPA FL 33609**

Zip

722 N. DALE MABRY

TAMPA FL 33609



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title it applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

Trust Fund Contribution.

FILED

9. Election Campaign Financing \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME RUNEY, SUZANNE L NAME 722 N DALE MARRY STREET ADDRESS

CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKEY, JOAN 722 N DALE MABRY TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. The second	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUNEY, CHARLES R. 722 NORTH DALE MABRY TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: