

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-16-2002 90004 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016622

1. Entity Name
ADVANCED RENTAL SERVICES, INC.

Principal Place of Business
**8504 ADAMO DRIVE
A
TAMPA FL 33619**

Mailing Address
**8504 ADAMO DRIVE
A
TAMPA FL 33619**

14273



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
59-3627421

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

**ARRIETA, A. SHANE
911 BLACK KNIGHT DR.
VALRICO FL 33594**

Name **A. Shane Arrieta**
Street Address (P.O., Box Number, is Not Acceptable)
911 Black Knight Dr.
City **Valrico** FL Zip Code **33594**

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]* **A. Shane Arrieta** DATE **1-7-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	ARRIETA, A. SHANE
STREET ADDRESS	911 BLACK KNIGHT DR.
CITY-ST-ZIP	VALRICO FL 33594
TITLE	D <input type="checkbox"/> Delete
NAME	SHAKES, LEAFORD
STREET ADDRESS	5738 HORTON RD.
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **A. Shane Arrieta** DATE **1-7-02** DAYTIME PHONE # **813-621-1109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)