

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91776 029 \*\*\*158.75

80118472



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000033820**

1. Entity Name  
**SGI RENTALS, INC.**

Principal Place of Business  
**P.O. BOX 251  
 APALACHICOLA FL 32320**

Mailing Address  
**P.O. BOX 251  
 APALACHICOLA FL 32320**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

4. FEI Number  
**59-3312139**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RASH, STEVEN C  
 HCR BOX 190  
 CORNER 11TH ST. W. AND GORRIE BLVD.  
 ST. GEORGE ISLAND FL 32328**

7. Name and Address of New Registered Agent

Name **STEVEN C. RASH**

Street Address (P.O. Box Number is Not Acceptable)  
**1081 W. GORRIE DR.**

City **APALACHICOLA** FL Zip Code **32328**

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 **STEVEN C. RASH** DATE **4-26-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RASH, STEVEN C</b> <b>1081 W. GORRIE DR.</b> <b>ST. GEORGE ISLAND FL 32318</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **STEVEN C. RASH, PRES.** DATE **4-26-02** DAYTIME PHONE # **850 653 8902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)