## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2002 8:00 am Secretary of State **DOCUMENT #** P97000008968 1. Entity Name 05-12-2002 90616 023 \*\*\*150.00 GARRETT RENTALS, INC. Principal Place of Business Mailing Address 2133 ST. ANDREW BOULEVARD 2133 ST. ANDREW BOULEVARD PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3427552 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREWSTER, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) **547 NORTH MONROE STREET** SUITE 203 **TALLAHASSEE FL 32301** City 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME GARRETT, TRAVIS O NAME STREET ADDRESS 2133 ST. ANDREW BOULEVARD STREET ADDRESS CITY-ST-7IP PANAMA CITY FL 32405 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME GARRETT, MICHAEL P NAME STREET ADDRESS 2219 ST. ANDREW BLVD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . . ☐ Delete TITLE ☐ Change Addition NAMÉ NAME **通过设计** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STHEET ADDRES STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

13. I hereby certify that the information supplied with this filling 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP