2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# P9

P99000002720

1. Entity Name

BUDGET EQUIPMENT RENTAL, INC.



Principal Place of Business Mailing Address 3585 NW 31 AVE 3585 NW 31 AVE OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0888484 Not Applicable Zip Country Zip 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 DAIAGI, SCOTT Street Address (P.O. Box Number is Not Acceptable) 3585 NW 31 AVE OAKLAND PARK FL 33309 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of real (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE ☐ Delete GROSSER, ZAK NAME NAME 1050 REDWOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33019 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME DAIAGI, SCOTT NAME 624 OLEANCIE DR STREET ADDRESS STREET ADDRESS CITY:ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE .Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: 🖳 🖺

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 954-484-560

FILED

03-24-2003 91021 010 ***150.00

Mar 24, 2003 8:00 am secretary of State

CR2E034 (10/0