

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 22 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **799000028679**
1. Entity Name
1ST RENTALS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
815 S. MISSOURI AVE
Suite, Apt. #, etc.

3. Mailing Address
815 S. MISSOURI AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKELAND, FL

City & State
LAKELAND, FL

4. FEI Number
59-3566630

Applied For
 Not Applicable

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

Zip
33815 Country
USA Zip
33815 Country
USA

DO NOT WRITE IN THIS SPACE

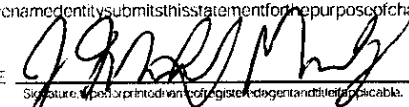
7. Name and Address of Current Registered Agent

Name
J. MICHAEL GRADY

Street Address (P.O. Box Numbers Not Acceptable)
1244 LAKE POINT DR

City
LAKELAND FL Zip Code
33813

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  (President) **4/28/02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elect to do so.

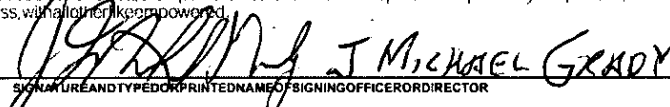
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT J. MICHAEL GRADY 1244 LAKE POINT DRIVE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000005678020--E -06/04/02--01076--012 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT JONATHAN PARISH BROOK 758 JESSANDA CIRCLE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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, if 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 on an attachment with an address, with authority, empowered.

SIGNATURE:  **J. MICHAEL GRADY** **4/28/02** **863-616-9442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone No.