

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90029 004 ***550.00

DOCUMENT # V48412

1. Entity Name

ISLAND RENT-ALL & SALES COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~800 E. ELKCAM CIR.~~
~~SUITE #3~~
~~MARCO ISLAND FL 33937~~
~~US~~

~~800 E. ELKCAM CIR.~~
~~SUITE #3~~
~~MARCO ISLAND FL 34113-7769~~
~~US~~

2. Principal Place of Business

11315 E. TAMiami TRAIL

3. Mailing Address

11315 E. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-9354301

Applied For

Not Applicable

Zip

34113

Country

COLLIER

Zip

34113

Country

COLLIER

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILBERS, MICHELLE H.
801 E. ELKCAM CIR.
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name *Jeffrey D. Fridkin*
 Street Address (P.O. Box Number is Not Acceptable) *5551 Ridgewood Dr Suite 501*
 City *Naples* FL Zip Code *34108*

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 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | DP | <input type="checkbox"/> Delete |
| NAME | BECKER, BRANT W. | |
| STREET ADDRESS | 800 ARCADIA COURT | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | BECKER, MARYANN | |
| STREET ADDRESS | 800 ARCADIA COURT | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BECKER, BRANT-J. | |
| STREET ADDRESS | 261 2ND AVENUE, APT-B | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| 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 | 8954 LELY ISLAND CIR | |
| CITY-ST-ZIP | NAPLES, FL 34113 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 8954 LELY ISLAND CIR. | |
| CITY-ST-ZIP | NAPLES, FL 34113 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1278 BLUEBIRD AVE | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. G.M. 1/18/00 941-732-5151

Date

Daytime Phone #

CF 0014 (08/97)