

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90026 037 ***150.00

DOCUMENT # P97000057516

1. Entity Name
GEMCO RENTALS, INC.



Principal Place of Business
2355 BREMEN COURT
PUNTA GORDA FL 33983

Mailing Address
2355 BREMEN COURT
PUNTA GORDA FL 33983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0771489**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERMANA, EUGENE
2355 BREMEN COURT
PUNTA GORDA FL 33983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCOB** ☐ **Delete**
NAME **GERMANA, EUGENE**
STREET ADDRESS **2355 BREMEN COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ **Delete**
NAME **GERMANA, CHRISTOPHER**
STREET ADDRESS **12707 CYNTHIA LANE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ **Delete**
NAME **GERMANA, MICHAEL**
STREET ADDRESS **321 E 69TH ST, APT 2F**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☒ **Change** ☐ **Addition**
NAME **Michael GERMANA**
STREET ADDRESS **401 Harbor Place Dr (Apt 1410)**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **S** ☐ **Delete**
NAME **GERMANA, DENISE**
STREET ADDRESS **2355 BREMEN COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ **Delete**
NAME **GERMANA, DAVID**
STREET ADDRESS **2420 LOTAFUN AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 **941 629-8122**
Date **Daytime Phone #**

CR2E034 (10/02)