

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90515 004 ***150.00

DOCUMENT # 578373

1. Entity Name
T.H.G. RENTALS & SALES OF CLEARWATER, INC.



Principal Place of Business
**3445 E. BAY DRIVE
LARGO FL 33771**

Mailing Address
**3445 E. BAY DRIVE
LARGO FL 33771
US**

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 **59-1836106**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLCOMBE, JOHN W
19937 GULF BLVD A-4
INDIAN ROCKS BEACH FL 33785**

Name

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

19941 GULF BLVD UNIT D

City

INDIAN SHORES

FL

Zip Code

33785

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)

JOHN W. HOLCOMBE, PRESIDENT

4/17/03

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLCOMBE, JOHN W.	
STREET ADDRESS	19937 GULF BLVD A-4	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLCOMBE, MARIETTE	
STREET ADDRESS	19937 GULF BLVD A-4	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAWKINS, MARY	
STREET ADDRESS	1 19TH AVE UNIT III	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19941 GULF BLVD UNIT D	
STREET ADDRESS	INDIAN SHORES, FL 33785	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19941 GULF BLVD UNIT D	
STREET ADDRESS	INDIAN SHORES, FL 33785	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

727-536-5923

Daytime Phone #

CR2E034 (10/02)