

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012273 AT

DOCUMENT # A95000000453

1. Entity Name
STOEL RENTALS, LTD.



FILED
03 APR 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
606 W. KENNEDY BLVD.
TAMPA FL 33606

Mailing Address
606 W. KENNEDY BLVD.
TAMPA FL 33606

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 59-3305556

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

STOELTZING, WILLIAM L
422 WEST KENNEDY BOULEVARD, SUITE 240
TAMPA FL 33606

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$710,735.81

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
STOELTZING, WILLIAM L
606 W. KENNEDY BLVD.
TAMPA FL 33606

STREET ADDRESS
CITY-ST-ZIP
100017115471
04/25/03--01078--021 **587.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
STOELTZING, ELVIRA
606 W. KENNEDY BLVD.
TAMPA FL 33606

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
STOELTZING, WILLIAM W
606 W. KENNEDY BLVD.
TAMPA FL 33606

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PARIDO, CECILLE
606 W. KENNEDY BLVD.
TAMPA FL 33606

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Cecille L. Parido REQUIRED Cecille L. Parido 4-21-03 813-829-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (10/02)