

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005837

1. Entity Name
RENTMAKER, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90298 010 ***150.00

Principal Place of Business
**75 NORTH BEACON STREET
WATERTOWN MA 02472**

Mailing Address
**75 NORTH BEACON STREET
WATERTOWN MA 02472**

2. Principal Place of Business
411 Waverley Oaks Rd.

3. Mailing Address
411 Waverley Oaks Rd.

Suite, Apt. #, etc.
Suite 321

Suite, Apt. #, etc.
Suite 321

City & State
Waltham, MA

City & State
Waltham, MA

Zip
02452

Country
USA

Zip
02452

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3480696**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEIER, JEROME 562 TREMONT STREET, #3 BOSTON MA 02188	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ODIO, STEPHEN 17 THEURER PARK WATERTOWN MA 02472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, MARCOS 283 SHAWMUT AVE., APT. 2 BOSTON MA 02118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GADSBY, EDWARD N JR. 92 HIGH STREET BROOKLINE MA 02445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMICH, JAMES M 200 BELTED KINGFISHER ROAD KIAWAH SC 29455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMBERG, GERALD 103 NORTH WYNDEN, ESTATES COURT HOUSTON TX 77056	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Stephen Odio

1/24/01

781-893-7046

Date Daytime Phone #

CR2E034 (10/00)