2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F02000002876 **DOCUMENT #**

1. Entity Name

RENT RITE SERVICING, INC.



FILED Mar 06, 2003 8:00 am & Secretary of State

03-06-2003 90090 027 ***158.75

Principal Place of Business 7601 NORTH FEDERAL HIGHWAY. SUITE 260-B BOCA RATON FL 33487		Mailing Address 7601 NORTH FEDERAL HIGHWAY. SUITE 260-B BOCA RATON FL 33487			 	THE RESIDENCE OF THE SECOND	
2. Principal F	Place of Business	3. Mailing Address	v				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 01-0677577		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Fee Req	Additional	1
	6 Name and Address of Current	Registered Agent		7. Name and Address of New Re			╡∽
			Name		g.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o		┪
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
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PLANIAII	ION FL 33324						
	79 147 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City		FL Zip C		1
8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Flori	ida. I am familíar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE	: Registered Agent signature re-	equired when reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department of	State		9. Election Campaign Fina Trust Fund Contribution.		.00 May Be ded to Fees	
10.	OFFICERS AND			†			1
		DIRECTORS	I 11.	ADDITIONS/CHANGES TO DEFIC	CERS AND DIRECTO	ORS IN 11	┪
TITLE	CS			ADDITIONS/CHANGES TO OFFICE			<u>ا</u> ا
NAME	_ 	DIRECTORS Delete	TITLE	Treusurer T	☐ Chanc	e NAddition	6/0
	SCHLEDWITZ, KARL A 7601 NORTH FEDERAL HIGHWA	☐ Delete	TITLE	Treusurer T	☐ Chanc	e NAddition	4 (10/02)
NAME	_ 	☐ Delete	TITLE NAME STREET ADDRESS 20	bomas B. Mitchell 601 N. Federal Hwo	□ Chang y Suite Z	e NAddition	-034 (10/02)
NAME STREET ADDRESS	SCHLEDWITZ, KARL A 7601 NORTH FEDERAL HIGHWA	Delete Y, SUITE 260-B	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treusurer T	□ Chang 4 Sui TÆ Z. 487	e Kaddition	32E034 (10/02)
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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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Defete

☐ Delete

☐ Change

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