

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0378497 AV

DOCUMENT # **F13561**

1. Entity Name
ALDRICH PARTY RENTAL, INC.



05-05-2003 90125 047 ***150.00

Principal Place of Business

%DAVID B STEELE
2744 HILLSBORO RD
WEST PALM BEACH FL 33405

Mailing Address

%DAVID B STEELE
2744 HILLSBORO RD
WEST PALM BEACH FL 33405

2. Principal Place of Business

40 DAVID B STEELE

Suite, Apt. #, etc.

P.O. Box 19366

City & State

WEST PALM BEACH FLA

Zip

33416-9366

Country

USA

3. Mailing Address

40 DAVID B STEELE

Suite, Apt. #, etc.

P.O. Box 19366

City & State

WEST PALM BEACH, FLA

Zip

33416-9366

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2055352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEELE, DAVID B.
2744 HILLSBORO RD
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

STEELE, DAVID B.

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

817 BRIARWOOD DR

City

WEST PALM BEACH, FL

Zip Code

33415

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **STEELE, JOANNE**
STREET ADDRESS **817 BRIARWOOD DR.**
CITY-ST-ZIP **WEST PALM BCH. FL**

TITLE **D** ☐ Delete
NAME **STEELE, CALVIN**
STREET ADDRESS **31946 HARRIS RD.**
CITY-ST-ZIP **TAVARES FL**

TITLE **PD** ☐ Delete
NAME **STEELE, DAVID**
STREET ADDRESS **817 BRIARWOOD DR.**
CITY-ST-ZIP **W PALM BEACH, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 entities.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

581-371-0162

Daytime Phone #

CR2E034 (10/02)