


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90218 008 ***150.00

| | |
|--|---|
| DOCUMENT # F93141 |  |
| 1. Entity Name COSSON'S RENT-ALL, INC. | |

| | |
|--|---|
| Principal Place of Business 3701 E BUS HWY 98 3701 EAST BUSINESS HWY 98 PANAMA CITY FL 32401 US | Mailing Address 3701 E HIGHWAY 98 3701 EAST BUSINESS HWY 98 PANAMA CITY FL 32401-6505 US |
|--|---|

| | |
|--|---|
| 2. Principal Place of Business 3701 E. BUS. Hwy 98 Suite, Apt. #, etc. PANAMA City, FL City & State | 3. Mailing Address 3701 E. BUS Hwy 98 Suite, Apt. #, etc. PANAMA City, FL City & State |
|--|---|

| | |
|---|---|
| 4. FEI Number 59-2207680 | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent COSSON, ETHEL H 3701 E BUSINESS HWY 98 PANAMA CITY FL 32401 | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|--|--|
| TITLE STD NAME ZIMMERMAN, CELA C STREET ADDRESS 2619 WHEAT RD CITY-ST-ZIP PANAMA CITY FL 32404 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DP NAME COSSON, ETHEL H STREET ADDRESS 106 ROYAL CIR CITY-ST-ZIP PANAMA CITY FL 32404 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DV NAME COSSON, H. CLAY STREET ADDRESS 640 N. BERTHE AVE. CITY-ST-ZIP PANAMA CITY FL 32404 | <input type="checkbox"/> Delete | TITLE DV NAME COSSON, H. CLAY STREET ADDRESS 106 ROYAL CIRCLE CITY-ST-ZIP PANAMA CITY, FL 32404 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME JAMES E. CEASAR STREET ADDRESS 612 HAMILTON AVE CITY-ST-ZIP PANAMA CITY FL 32401 | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: CELA C ZIMMERMAN **CELA C ZIMMERMAN** 3/22/03 850.785-4586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CELA C ZIMMERMAN** **3/22/03** **850.785-4586**

CR2E034 (10/02)