

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0652021 AT

05-02-2003 90365 040 ***150.00

DOCUMENT # F96000006776

1. Entity Name
SIMCO RENTAL & LEASING, INC.



Principal Place of Business
**PO BOX 15193
ST. LOUIS MO 63110-0193**

Mailing Address
**PO BOX 15193
ST. LOUIS MO 63110-0193**



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 **43-1482086**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOEBINGER, JAMES
2300 DIVISION
ORLANDO FL 32805**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDC
SIMON, JOHN E JR
3701 CHOUTEAU
ST. LOUIS MO 63110**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
LAUMAN, MARY
2543 TAMARACK
UNION MO 63084**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
RANDY D RENTH
11775 FUESSER RD
MASCOUTAH IL 62258**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
JOERDING, THOMAS
585 FIELDSTONE
ST. LOUIS MO 63011**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

Randy D. Renth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

314-773-3900

Daytime Phone #

CR2E034 (10/02)