

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90304 008 ***150.00

DOCUMENT # F98000001536

1. Entity Name
NATIONSRENT, INC.

Principal Place of Business: **450 EAST LAS OLAS BLVD., 14th FL FT LAUDERDALE FL 33301**
 Mailing Address: **450 EAST LAS OLAS BLVD., 14th FL FT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **450 E. LAS OLAS BLVD., 14th FLOOR FT. LAUDERDALE, FL**
 3. Mailing Address: **450 E. LAS OLAS BLVD., 14th FLOOR FT. LAUDERDALE, FL**
 City & State: **FT. LAUDERDALE, FL**
 Zip: **33301** Country: **USA**

4. FEI Number: **31-1570069**
 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: CD NAME: KIRK, JAMES L STREET ADDRESS: 450 EAST LAS OLAS BLVD., STE. 1400 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE: V NAME: OSTROW, GENE J STREET ADDRESS: 450 EAST LAS OLAS BLVD., STE. 1400 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE: D NAME: HUIZENGA JR, H W STREET ADDRESS: 50 WEST BROAD STREET, STE 3100 CITY-ST-ZIP: COLUMBUS OH	<input type="checkbox"/> Delete
TITLE: V NAME: USHER, JONATHAN G STREET ADDRESS: 50 WEST BROAD STREET, STE 3100 CITY-ST-ZIP: COLUMBUS OH	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: O'NEAL, DON R STREET ADDRESS: 450 EAST LAS OLAS LVD., STE 1400 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE: V NAME: PETROCELLI, PHILIP V STREET ADDRESS: 450 EAST LAS OLAS LVD., STE 1400 CITY-ST-ZIP: FT LAUDERDALE FL 33301	<input checked="" 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: 450 E. Las Oks Blvd, 14th Fl Ft. Lauderdale, FL 33301 STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: Joseph H. IzhaKoff STREET ADDRESS: 450 E. Las Olas Blvd, 14th Fl Ft. Lauderdale FL 33301 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VTAS NAME: Pamela K. M. Beall STREET ADDRESS: 450 E. Las Olas Blvd. 14th Fl Ft. Lauderdale FL 33301 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: KRIS E. HANSEL STREET ADDRESS: 450 E. LAS OLAS BLVD, 14th FL FT. LAUDERDALE, FL 33301 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE: Kris Hansel **KRIS HANSEL** Date: _____ Daytime Phone #: **(954) 760-6550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **VICE PRESIDENT**

CR2E034 (10/00)