2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9800003479** RENT RITE RENTAL PURCHASE, INC. Principal Place of Business Mailing Address 7601 N FEDERAL HWY 7601 N FEDERAL HWY 260 B 260 B **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Country

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Delete.

Delete

☐ Delete

Delete

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12.

TITLE

TITLE

NAME

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

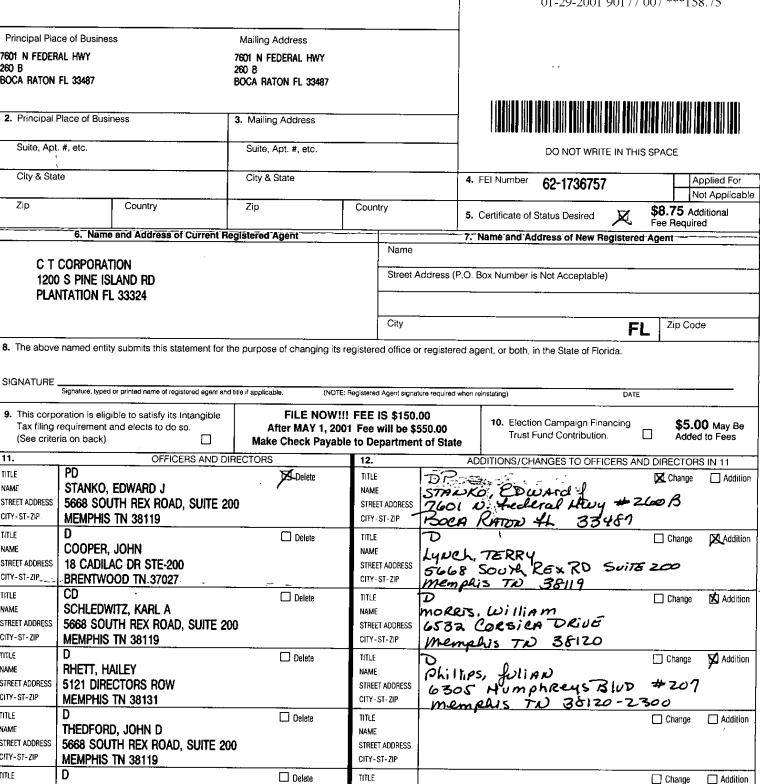
CITY-ST-ZIP

City & State

Zip

FILED Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90177 007 ***158.75



MEMPHIS TN 38119 13. Thereby 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 all other like empowered.

CITY-ST-ZIP

SIGNATURE:

D

Suite, Apt. #, etc.

C T CORPORATION

1200 S PINE ISLAND RD PLANTATION FL 33324

9. This corporation is eligible to satisfy its Intangible

STANKO, EDWARD J

MEMPHIS TN 38119

18 CADILAC DR STE-200

BRENTWOOD TN 37027

SCHLEDWITZ, KARL A

MEMPHIS TN 38119

5121 DIRECTORS ROW

MEMPHIS TN 38131

THEDFORD, JOHN D

MEMPHIS TN 38119

HYNEMAN, J. K

RHETT, HAILEY

COOPER, JOHN

5668 SOUTH REX ROAD, SUITE 200

Tax filing requirement and elects to do so.

(See criteria on back)

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP_

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD & STANKO
President /CEO