

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003252

1. Entity Name
NATIONSRENT TRANSPORTATION SERVICES, INC.

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

03-06-2001 90304 034 ***150.00

Principal Place of Business
450 EAST LAS OLAS BLVD., 14TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address
450 EAST LAS OLAS BLVD., 14TH FLOOR
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0922026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL, DON R	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSTROW, GENE J	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PETROCELLI, PHILIP V	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HANSEL, KRIS E	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRAUS, GREGG A	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VS	<input type="checkbox"/> Delete
NAME	IZHAKOFF, JOSEPH H	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 14TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James L. Kirk	
STREET ADDRESS	450 E. Las Olas Blvd., 14th Fl	
CITY-ST-ZIP	Ft. Lauderdale FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela K.M. Beall	
STREET ADDRESS	450 E. Las Olas Blvd. 14th Fl	
CITY-ST-ZIP	Ft. Lauderdale FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

Gregg Straus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGG STRAUS

2/8/01
Date

(954) 760-6550
Daytime Phone #

CR2E034 (10/00)