## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2002 8:00 am & Secretary of State **FILED** DOCUMENT # F99000003252 1. Entity Name NATIONSRENT TRANSPORTATION SERVICES, INC. 05-07-2002 90376 014 \*\*\*150.00 Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD.. 14TH FLOOR 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0922026 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITI F TITI F Addition Change KIRK, JAMES L Gerald W.B. Weber NAME NAME 450 E. Las Olas Blvd 14th FL 450 EAST LAS OLAS BLVD., 14TH FLOOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale FL 33301 **VD** Director - VD TITLE Delete TITLE OSTROW, GENE J Ezra Shashoua NAME NAME 450 EAST LAS OLAS BLVD., 14TH FLOOR STREET ADDRESS STREET ADDRESS 450 E. Las Olas Blvd. 14th FL FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale FL 33301 VTAS----TITLE TITLE Change BEAL, PAMELA K.M. NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., 14TH FLOOR STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP VAS TITLE ☐ Delete ☐ Change ☐ Addition HANSEL, KRIS E NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., 14TH FLOOR STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STRAUS, GREGG A NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., 14TH FLOOR STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP VS Delete TITLE ☐ Change ☐ Addition IZHAKOFF, JOSEPH H

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 trustee empowered 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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GREGG STRANS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

450 EAST LAS OLAS BLVD., 14TH FLOOR

FT. LAUDERDALE FL 33301

CR2E034 (9/01)