

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90510 024 ***150.00

DOCUMENT # F99000003252 1. Entity Name NATIONSRENT TRANSPORTATION SERVICES, INC.					
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			
Zip	Country	Zip	Country	04182005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0922026				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PUTMAN, THOMAS J 450 E. LAS OLAS BLVD., STE 1400 FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SULIMAN, DOUGLAS M JR 450 E. LAS OLAS BLVD., STE 1400 FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTAS SCHERER, JOHN C 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VAS HANSEL, KRIS E 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V STRAUS, GREGG A 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS IZHAKOFF, JOSEPH H 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 to an address, with or without like empowerment.					
SIGNATURE:			GREGG STRAUS 4/29/05 954-759-6921		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					