2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

F9900003252

Mailing Address

1. Entity Name

NATIONSRENT TRANSPORTATION SERVICES, INC.



Apr 08, 2003 8:00 am Secretary of State **FILED**

04-08-2003 90098 009 ***150.00

450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE FL 33301		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.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4	65-1022726		Applied For Not Applicable	
Zip	Country	Zip Count		ry	[-5- Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7	7. Name and Address of New Regis			
C T CORPORATION SYSTEM				Name Street Address (P.O. Box Number is Not Acceptable)					
1200 SOL	ITH PINE ISLAND ROAD				***************************************				
PLANTATI	ON FL 33324								
				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. I am familiar with, and accept the obligations of registered agent. Signature. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financian Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, GERALD W B 450 EAST LAS OLAS BLVD., 14T FT. LAUDERDALE FL 33301	Delete		T ADDRESS	450E	o V. Petrocelli TLAS OLAS Blva 1444 2000-1016, FL 33301	□ Ch	ange 🔼 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVD SHASHOVA, EZRA 450 EAST LAS OLAS BLVD., 14T FT. LAUDERDALE FL 33301	Delete			EZRI		Æ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS BEAL, PAMELA K.M. 450 EAST LAS OLAS BLVD., 14TI FT. LAUDERDALE FL 33301	Ø Delete H FLOOR			450E	5 C. Schorer E. Las Olas Blvo 144 120001ale FL 3330)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vas Hansel, Kris e 450 east las Olas Blvd., 14ti Ft. Lauderdale Fl 33301	i Delete H FLOOR		T ADDRESS ST-ZIP			☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Straus, Gregg A 450 East Las Olas Blvd., 14TI Ft. Lauderdale Fl 33301	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vs Izhakoff, Joseph H 450 East Las Olas Blvd., 14th Ft. Lauderdale Fl 33301	□ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Cha	ange 🗌 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 trastee empowered to keep te 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 with address, with all other like empowered.

SIGNATURE:

-759-6921