2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G03302** May 02, 2000 8:00 am 1. Entity Name Secretary of State RENT ME, INC. 05-02-2000 90057 037 ***150.00 Principal Place of Business Mailing Address % RICHARD T. CLEMENTS % RICHARD T. CLEMENTS 3860 N. FEDERAL HIGHWAY - STE. 606 3860 N. FEDERAL - STE. 606 DELRAY BEACH FL 33483-6341 DELRAY BEACH FL 33483 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2227132 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLEMENTS, RICHARD T. O. Boy number is Not Acceptable) 2730 CARDINAL CIRCLE GULFSTREAM FL 33483 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 his corporation is eligible to satisfy its Intangible, 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PD ☐ Delete TITLE TITLE **CLEMENTS, RICHARD T** NAME STREET ADDRESS STREET ADDRESS 2730 CARDINAL CIRCLE CITY-ST-ZIP CITY-ST-ZIP **GULF STREAM FL** Delete TITLE TITLE 13230 Running water Road Palm Beach Gardens, FL 3341 CLEMENTS, RUTH P. NAME STREET ADDRESS STREET ADDRESS 2730 CARDINAL CIR CITY-ST-ZIP CITY-ST-7IP **GULF STREAM FL** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR