2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G03302 **DOCUMENT #**

1. Entity Name RENT ME, INC.

SIGNATURE:



EII ED

Apr 16, 2003 8:00 an
Secretary of State
04-16-2003 90230 028 ***150.00

Principal Place of Business % RICHARD T. CLEMENTS 3850 N. FEDERAL - STE. 606 DELRAY BEACH FL 33483 US		Mailing Address % Richard T. Clements 3860 N. Federal Highway - Ste. 606 Delray Beach Fl 33483 US								
2. Principal Place of Business		3. Mailing Address Running Woder P			Rd.		1 8/8/1 818	11: 616 11 01011 0	.1831 010(† 1801	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е	Palm Beach Gardens			4. F	NOT APPLICAE	LE		pplied For ot Applicable	
Zip	Country	33418	Count	is.	5. 0				5 Additional equired	
	6. Name and Address of Current I	Registered Agent			7. N	lame and Address of New Regis	tered A	gent		
	S, RICHARD T. NNING WATER ROAD	Name Street Address (F			P.O. Box Number is Not Acceptable)					
_	CH GARDENS FL 33418									
				City			FL	Zip Cod		
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.										
the congations 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					,	Election Campaign Financi Trust Fund Contribution.	ng		00 May Be d to Fees	
10. 5	OFFICERS AND I	DIRECTORS	11.	·	ADI	DITIONS/CHANGES TO OFFICER	\$ AND	DIRECTOR	S IN 11	
TITLE '	PD CLEMENTS, RICHARD T	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	13230 RUNNING WATER ROAD PALM BEACH GARDENS FL 3341	8	STREE	ET ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Clements, Ruth P. 13230 Running Water Road Palm Beach Gardens Fl 3341	□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	- □ Delete-	NAME Stree		. ^			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME		. □ Delete	TITLE NAME	1		•		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		•		ST-ZIP	,				}	
TITLE NAME		Delete	TITLE				-	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	·			T AODRESS ST-ZIP						
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 embowered to execute this report as required by Chanter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like embowered.										

Date

Daytime Phone #

SQUATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR