


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91008 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H38328**  
 1. Entity Name  
**WALES RENT-ALL, INC.**



70054027

Principal Place of Business Mailing Address  
 % NORMAN P. VOORHEES % NORMAN P. VOORHEES  
 249 E. RULLARD AVENUE 249 E. RULLARD AVENUE  
 LAKE WALES, FL 33853 LAKE WALES, FL 33853



2. Principal Place of Business 3. Mailing Address  
**210 CAPPS RD 210 CAPPS RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State  
**Lake Wales, FL Lake Wales, FL**  
 Zip County Zip County  
**33898 Lake Wales 33898 Lake Wales**

4. FEI Number **59-2478506** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**VOORHEES, NORMAN P.**  
**210 CAPPS RD**  
**LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 **Jason Voorhees** (NOTE: Registered agent fee is \$150.00 if you were resigning) DATE **4/18/03**

**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 Financing Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VOORHEES, NORMAN P.	
STREET ADDRESS	1222 DRUID CIRCLE	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOORHEES, JOSETTE	
STREET ADDRESS	1222 DRUID CIRCLE	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE	JASON VOORHEES	<input type="checkbox"/> Delete
NAME	JASON VOORHEES	
STREET ADDRESS	1222 DRUID CIRCLE	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON VOORHEES	
STREET ADDRESS	1222 DRUID CIRCLE	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 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 with an address, with all other like empowered.

SIGNATURE: **Norman Voorhees** DATE: **4/12/03** 8636765686  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cava Caytime Phone #

CR2E034 (10/02)