

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75847

1. Entity Name  
ROYAL RENTS, INC.

Principal Place of Business  
10237 N.W. SECOND STREET  
CORAL SPRINGS FL 33071-7333  
US

Mailing Address  
10237 N.W. SECOND STREET  
CORAL SPRINGS FL 33071-7333  
US

2. Principal Place of B

New Address:

Suite, Apt. #, etc.

City & State

12131 N. W. 10<sup>th</sup> Street  
Coral Springs, FL 33071-5002

Zip

Country

4. FEI Number 59-2583168

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISH, ROBERT J.  
10237 N.W. SECOND STREET  
CORAL SPRINGS FL 33071

Name

New Address:

Street

12131 N. W. 10<sup>th</sup> Street  
Coral Springs, FL 33071-5002

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department**

10. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

New Address:

12131 N. W. 10<sup>th</sup> Street  
Coral Springs, FL 33071-5002

CTORS IN 11

change ☐ Addition

New Address:

12131 N. W. 10<sup>th</sup> Street  
Coral Springs, FL 33071-5002

change ☐ Addition

change ☐ Addition

11. OFFICERS AND DIRECTORS

12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STP  
FISH, ROBERT  
10237 NW 2ND ST.  
CORAL SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FISH, LANA  
10237 NW 2ND ST.  
CORAL SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01

Date

954-720-7100

Daytime Phone #

CP2E034 (10/00)