

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90252 038 \*\*\*150.00

**DOCUMENT # H81692**

1. Entity Name  
**DARBY RENTAL & AUTO SALES, INC.**



Principal Place of Business  
**C/O BOBBY LEE DARBY  
822 E. MAIN STREET  
LAKELAND FL 33801**

Mailing Address  
**C/O BOBBY LEE DARBY  
822 E. MAIN STREET  
LAKELAND FL 33801**



2. Principal Place of Business  
**820 CREATIVE DR**

3. Mailing Address  
**3725 EMERALD U.**

Suite, Apt. #, etc.  
**LAKELAND**

Suite, Apt. #, etc.  
**MULBERRY PL 33860**

City & State  
**FL**

City & State  
**FL**

Zip  
**33813**

Country  
**POIK**

Zip  
**33860**

Country  
**POIK**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2577000**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DARBY, BOBBY LEE  
822 E.MAIN ST.  
LAKELAND FL 33801**

**7. Name and Address of New Registered Agent**

Name **Bobby LEE DARBY**  
Street Address (P.O. Box Number is Not Acceptable)  
**820 CREATIVE DR.**  
City **LAKELAND** FL Zip Code **33813**

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 **Bobby Lee Darby Bobby LEE DARBY PRES** DATE **2-14-03**  
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**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DARBY, BOBBY LEE</b>	
STREET ADDRESS	<b>3725 EMERALD LANE</b>	
CITY-ST-ZIP	<b>MULBERRY PL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DARBY, MARGARET</b>	
STREET ADDRESS	<b>3725 EMERALD LANE</b>	
CITY-ST-ZIP	<b>MULBERRY PL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: **Bobby Lee Darby Bobby LEE DARBY PRES** DATE **2-14-03** DAYTIME PHONE # **863-425-2225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)