

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90109 010 ***150.00

DOCUMENT # J05999
1. Entity Name
EQUIPMENT RENTAL, INC.

DO NOT WRITE IN THIS SPACE

00056741

2. Principal Place of Business
80 LILLIAN SPRINGS RD.
Suite, Apt. #, etc.

3. Mailing Address
80 LILLIAN SPRINGS RD
Suite, Apt. #, etc.
C/O J. O. CARTNER

DO NOT WRITE IN THIS SPACE

City & State
QUINCY, FL

City & State
QUINCY, FL

Zip
32351 Country

Zip
32351 Country

4. FEI Number
31-1167324

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CARTNER, JACK O.

Street Address (P.O. Box Number is Not Acceptable)
220 TIMBERLANE ROAD

City
TALLAHASSEE FL Zip Code
32312

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)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARTNER, JACK O. 220 TIMBERLAND RD TALLAHASSEE FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3-15-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #