## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

| OMI OKIN BOSINESS REPORT (UBK)  |   |   |                                       |   | 05-01-2002 91611 038 ***150.00   |  |  |
|---|---|---|---------------------------------------|---|--|--|--|
| DOCUMENT # J 49317  |   |   |                                       |   |  | 200100                                 |  |
| 1. Entity Name  |   |   |                                       |   |  |  |  |
| D+N Rental Sales, Inc.  |   |   |                                       |   |  |  |  |
|   |   |   |                                       |   |  |  |  |
| ļ   |   |   |                                       |   |  |  |  |
| DO NOT WRITE IN THIS SPACE  |   |   |                                       |   |  |  |  |
|   | DO NOT WRITE  | IN THIS SH  | ACE                                   |   |  |  |  |
| 2 Dringing!   | Place of Business   |   |                                       |   |  |  |  |
|   | 1 GUIF Blud   | 3. Mailing Address 19531 6 UFF  | لبياها                                |   |  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |   | 0104,                                 |   | DO NOT WRITE IN THIS SPACE   |  |  |
| 606 City & State City & State   |   |   |                                       |   | 337,07 (11,12,12,13,13,17,13,17,13,17,13,17,13,17,13,17,13,17,17,13,17,17,17,17,17,17,17,17,17,17,17,17,17,  | ic _                                   |  |
|   | n Shoves 7%.  | City & State Indian Short   | es Z.                                 | 4.  | FEI Number   | Applied For                            |  |
| ت-دوا∑ <del>د</del> ت   | Colletiv  | ZID   | Country                               |   | 59-2774412   | Not Applicable                         |  |
| 3378  | PS US   | 33785   | US                                    | i   | Fee  | 1.75 Additional Required               |  |
|   |   |   | Name                                  | 7. N  | ame and Address of Current Registered Ag   | gent                                   |  |
| Street Address (P.  |   |   |                                       |   | RILS. ChesTer W  |  |  |
|   |   |   |                                       |   | Box Number is Not Acceptable)  |  |  |
| IN THIS SPACE   |   |   |                                       | 11 0 - 1                                      |  |  |  |
|   |   |   |                                       | 3495 5Th AVE N.                               |  |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or rec               |   |   |                                       | <del>ot, Pete</del>                           | eTeysburg FL 337 13  |  |  |
| o. The above  | e named entity submits this statement for   | the purpose of changing its re  | egistered office                      | or registered as                              | gent, or both, in the State of Florida.  |  |  |
| SIGNATURE   |   |   |                                       |   |  |  |  |
|   | Signature, typed or printed name of registered agent ar   | nd title if applicable. (NOTE:  | Registered Agent sign                 | rature required when r                        | einstating) OATE   |  |  |
| 9. This corp  | oration is eligible to satisfy its Intangible   | January 1 - Ma  | y 1 Fee is \$1                        | 50.00   |  |  |  |
| Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Fee is \$550.00 Amended UBR is \$61.25 |   |   |                                       | 5   | 10. Election Campaign Financing Trust Fund Contribution.   | \$5.00 May Be<br>Added to Fees         |  |
| .11.  | OFFICERS AND D  | Make Check Payable  | e to Departme                         | nt of State                                   |  | Added to Fees                          |  |
| TITLE   | ρ   | JRECTORS  | TITLE                                 | T   |  |  |  |
| NAME  | Hord, Richard L   | ,   | NAME,                                 | i:  |  | 700.                                   |  |
| STREET ADDRESS<br>CITY+ST-ZIP   |   |   | STREET ADDRESS                        |   |  | , m                                    |  |
| TITLE   | Indian shoves Al,   | <u>33785</u>  | CITY-ST-ZIP                           |   |  | CR2E034B (1201)                        |  |
| NAME  | Hord Naomi M<br>1953, GUIF Blud 606   |   | TITLE<br>NAME                         |   | ^  | RZE                                    |  |
| STREET ADDRESS  |   |   | STREET ADDRESS                        |   |  | O                                      |  |
|   | Indian snoves Pr.   | 33785   | CITY-\$1-ZIP                          |   |  |  |  |
| NAME  |   |   | THLE                                  | ,,, , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | · · · · · · · · · · · · · · · · · · ·  |  |  |
| STREET ADDRESS  |   |   | NAME<br>STREET ADDRESS                |   |  |  |  |
| CITY-ST-ZIP   | ·   |   | CITY-ST-ZIP                           |   | DO NOT WRITE   |  |  |
| TITLE .   | - ·· <del>·</del>   |   | HILE .                                |   | IN THIS SPACE  |  |  |
| NAME<br>STREET ADDRESS  | •   |   | NAMÉ                                  |   | IN THIS SPACE  | -                                      |  |
| CITY-ST-ZIP   |   |   | STREET ADDRESS CITY-ST-ZIP            |   |  | ļ                                      |  |
| TITLE   |   |   | TITLE                                 |   | The second secon | <del></del>                            |  |
| NAME  | •   |   | NAME                                  |   |  | l                                      |  |
| STREET ADDRESS  <br>CITY - ST - 7IP   |   |   | .STREET ADDRESS                       |   |  | Į.                                     |  |
| TITLE   |   |   | CITY+ST-ZIP                           | ļ   |  |  |  |
| NAME  |   |   | TITLE<br>NAME.                        |   |  | <b>[</b>                               |  |
| STREET ADDRESS  |   | •   | STREET ADDRESS                        |   |  |  |  |
| CITY-S1-ZIP   |   |   | ·CITY-ST-ZIP                          |   |  |  |  |
| indicated of the corp   | ertily that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee emony | is filing does not qualify for the<br>ue and accurate and that my seried to execute this report a | e exemption sta<br>signature shall he | ted in Section 1                              | 19.07(3)(i), Florida Statutes. I further certify the eggal offect as if made under oath; that I am an  | at the information officer or director |  |