

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76433

1. Entity Name

B & R RENTAL OF JACKSONVILLE, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90027 009 ***150.00

Principal Place of Business

7014 AC SKINNER PKWY
STE 290
JACKSONVILLE FL 32256

Mailing Address

7014 AC SKINNER PKWY
STE 290
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2818530

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

~~KLINE, AMY~~

7014 AC SKINNER PKWY
STE 290
JACKSONVILLE FL 32256

Name

Kari Wells

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

7014 A.C. Skinner Pkwy

Ste 290

City

Jacksonville

FL

Zip Code

32256

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

Kari Wells

Kari Wells

4/16/2001

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

(NOTE: Registered Agent signature required when re-appointing)

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 of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RAY, J.G. JR
STREET ADDRESS 7014 AC SKINNER PKWY., #290
CITY-STATE-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DV
NAME BREWER, J. R., III
STREET ADDRESS 1432 CLEVELAND STREET
CITY-STATE-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ST
NAME ~~KLINE, AMY~~
STREET ADDRESS 7014 AC SKINNER PKWY., #290
CITY-STATE-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE
NAME Kari Wells
STREET ADDRESS
CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

J.G. Ray, Jr.

Date

4/16/2001

Daytime Phone #

(904)

596-3230

CR2E034 (10/00)