

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90188 030 \*\*\*150.00

0003804 AV

**DOCUMENT # J95551**

1. Entity Name

SUN RENTALS, INC.



Principal Place of Business

206 S. ORANGE AVENUE  
GREEN COVE SPRINGS FL 32043

Mailing Address

206 S. ORANGE AVENUE  
GREEN COVE SPRINGS FL 32043  
US

11014501



2. Principal Place of Business

3540 US HWY 17 S

Suite, Apt. #, etc.

#125

3. Mailing Address

3540 US HWY 17 S

Suite, Apt. #, etc.

#125

☐ CHECK HERE IF MAKING CHANGES

City & State

GREEN COVE SPRINGS FL

City & State

GREEN COVE SPRINGS FL

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY

4. FEI Number

59-2847990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEARSALL, WILLIAM J.

208 S. ORANGE ST.

GREEN COVE SPRINGS FL 32043

Name

~~NAME~~

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

3540 US HWY 17 S

#125

City

GREEN COVE SPRINGS

FL

Zip Code

32043

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DPT	<input type="checkbox"/> Delete
NAME	PEARSALL, WILLIAM J.	
STREET ADDRESS	5325 LAMAR SHAW CT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELCHER, TRAVIS	
STREET ADDRESS	501 S. MYRTLE ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	
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NAME	
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:**

*William J. Pearsall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

904-284-2892

Daytime Phone #

CR2E034 (10/02)