

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 027 ***150.00

DOCUMENT # K52462

1. Entity Name

RENT-A-SPACE CORP.

Principal Place of Business

Mailing Address

~~6741 INDUSTRIAL AVENUE~~
~~PORT RICHEY FL 34668~~

~~6741 INDUSTRIAL AVENUE~~
~~PORT RICHEY FL 34652-9114~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: New Port Richey, FL
 Country: USA
 Zip: 34652

4. FEI Number **59-2927763**
 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

RADEMACHER, DARRELL G
~~6741 INDUSTRIAL AVENUE~~
~~PORT RICHEY FL 34668~~

Name: Rademacher, Darrell G.
 Street Address (P.O. Box Number is Not Acceptable): 4253 Dewey Dr.

City: New Port Richey **FL** Zip Code: 34652

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	RADEMACHER, DIANE L	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PT RICHEY FL 34668	
TITLE	P	<input type="checkbox"/> Delete
NAME	RADEMACHER, BARRELL	
STREET ADDRESS	6741 INDUSTRIAL AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>4253 Dewey Dr.</u>	
CITY-ST-ZIP	<u>New Port Richey, FL 34652</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>4253 Dewey Dr.</u>	
CITY-ST-ZIP	<u>New Port Richey, FL 34652</u>	
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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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jerry L. Glover, Asst.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3128100 607-844-9114
 Date Daytime Phone #