

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54881

1. Entity Name  
INTERBAY EQUIPMENT RENTAL, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90047 015 \*\*\*150.00

Principal Place of Business Mailing Address  
% JACK M. FRANKS % JACK M. FRANKS  
3701 HENDERSON BLVD. 3701 HENDERSON BLVD.  
TAMPA FL 33609 TAMPA FL 33609-4503



DO NOT WRITE IN THIS SPACE

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 59-2925648 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRANKS, JACK M.  
3701 HENDERSON BLVD.  
TAMPA FL 33609

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D FRANKS, KENNETH 13120 VILLAGE CHASE CIR TAMPA FL  
D FRANKS, JACK M. 804 CHILDERS LOOP BRANDON FL  
D FRANKS, BARBARA A. 804 CHILDERS LOOP BRANDON FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D Franks Michael 1512 Alder Way Brandon FL 33510

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: *Jack M. Franks* SIGNATURE REQUIRED Michael Franks 01-20-00 813-685-4551  
DATE: 02-18-00 DAYTIME PHONE: 813-689-0593

CR2E034 (9/99)