

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K54881 1. Entity Name INTERBAY EQUIPMENT RENTAL, INC.				90127747	
Principal Place of Business % JACK M. FRANKS 3701 HENDERSON BLVD. TAMPA, FL 33609		Mailing Address % JACK M. FRANKS 3701 HENDERSON BLVD. TAMPA, FL 33609			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 516 CORNER DRIVE Suite, Apt. #, etc.			
City & State BRANDON FL		4. FEI Number 59-2925648			
Zip 33511		Country FL			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when submitting.) DATE _____					
FILING NOW WHEREAS IS \$150.00 (May 15, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKS, KENNETH 13120 VILLAGE CHASE CIR TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKS, JACK M. 804 CHILDERS LOOP BRANDON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKS, BARBARA A. 804 CHILDERS LOOP BRANDON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKS, MICHAEL 1812 ALSWE WAY BRANDON, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 life empowered.					
SIGNATURE: <u>Michael Franks</u> 430-03 813-685-4551 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)