

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012605			
1. Entity Name BEST CHOICE RENTALS, LLC			
Principal Place of Business P.O. BOX 2609 VALRICO FL 33595		Mailing Address P.O. BOX 2609 VALRICO FL 33595	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SMITH, GREGORY M 15017 EAGLE RISE DRIVE LITHIA FL 33547		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 		DATE 4-27-01	
Signature, typed or printed name of registered agent and title if applicable.		(NOT: Registered Agent signature required when reinstating).	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GREGORY M. SMITH 15017 EAGLE RISE DR LITHIA FL 33547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004271736--7 -05/18/01-01101-012 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER WILLIAM L. STEWARD 15026 EAGLE PARK PL LITHIA FL 33547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CHARLES A. STEWARD 6764 TIMBERLAND LANE SARASOTA FL 34241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-01

Date

Daytime Phone #

813-655-6818

CR2E083 (11/00)