

03-24-2003 91013 017 ****61.25

FILED L02936
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 27 AM 11:49

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended FORM
10046534



CHECK HERE IF MAKING CHANGES

DOCUMENT # L02936					
1. Entity Name RENTAL PLUS, INC.					
Principal Place of Business 1285 S.W. 41ST AVE. FORT LAUDERDALE, FL 33317			Mailing Address 767 SOUTH STATE RD 7 STE 13 MARGATE, FL 33008		
2. Principal Place of Business <i>15242 SW 17 ST</i>		3. Mailing Address <i>←</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>DAVIE FL</i>		City & State		4. FEI Number 65-0134476	
Zip <i>33127</i>		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COREN, RICHARD A. 1283 SW 40TH AVE. FORT LAUDERDALE, FL 33317			7. Name and Address of New Registered Agent Name <i>MELVIN BROOKS</i> Street Address (P.O. Box Number is Not Acceptable) <i>15242 SW 17 ST</i> City <i>DAVIE FL</i> Zip Code <i>33127</i>		
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 <i>Melvin Brooks</i> <i>MELVIN Brooks 3/19/03</i> DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State		Amended fee 61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LYNCH, HAROLD O. 1283 S.W. 40TH AVENUE FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1931 NW 90 AVE PEMBROKE PINES FL 33024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BROOKS, MELVIN 2430 MARATHON LANE FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15242 SW 17 ST DAVIE FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKS, LINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15242 SW 17 ST P.D. DAVIE FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Melvin Brooks</i>			3/19/03 954-915-8056		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>MELVIN BROOKS</i>			Date Daytime Phone #		

CR2E034 (10/02)

3/27/03