

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90082 008 ***150.00

0075166 AV

DOCUMENT # L45115

1. Entity Name
NO MORE RENT, INC.



Principal Place of Business
**9633 W BROWARD BLVD
STE 8
PLANTATION FL 33324
US**

Mailing Address
**9633 W BROWARD BLVD
STE 8
PLANTATION FL 33324
US**



2. Principal Place of Business
**11624 N.W. 5th STREET
SUITE, Apt. #, etc.**

3. Mailing Address
**11624 N.W. 5th STREET
SUITE, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION FL
Zip
33325 Country
US

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PLANTATION FL
Zip
33325 Country
US

4. FEI Number
65-0174417

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, GARY M.
9633 W BROWARD BLVD
STE 8
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
KELLY, GARY M
Street Address (P.O. Box Number is Not Acceptable)
11624 N.W. 5th STREET
City
PLANTATION FL Zip Code
33325

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

GARY M. KELLY

7/7/2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KELLY, GARY M. 9633 W BROWARD BLVD., STE 8 PLANTATION FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, SUSAN A. 9633 W BROWARD BLVD., STE 8 PLANTATION FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KELLY, GARY M. 11624 N.W. 5th STREET PLANTATION FL 33325 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, SUSAN A. 11624 N.W. 5th STREET PLANTATION FL 33325 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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"/> 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)(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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED GARY M KELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/2003 423-3842

CR2E034 (4/03)