

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90312 009 ***150.00

DOCUMENT # L45124

1. Entity Name
MEDI-RENT, INC.



Principal Place of Business
**390 SCARLET BLVD
OLDSMAR FL 34677**

Mailing Address
**390 SCARLET BLVD
OLDSMAR FL 34677**



2. Principal Place of Business

3076 EAGLES LANDING CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3076 EAGLES LANDING CIRCLE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER FL

Zip
33761

Country
US

City & State
CLEARWATER FL

Zip
33761

Country
US

4. FEI Number
59-2984146

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HARMS, JOSEPH E.
3076 EAGLES LANDING CIRCLE EAST
CLEARWATER FL 33761**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph E. Harms

1/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 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

TITLE **P** ☐ Delete
NAME **HARMS, JOSEPH E.**
STREET ADDRESS **3076 EAGLES LANDING CIRCLE EAST**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TS** ☐ Delete
NAME **HARMS, DONNA L.**
STREET ADDRESS **3076 EAGLES LANDING CIRCLE EAST**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph E. Harms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 727-7887
Date Daytime Phone #

CR2E034 (10/02)