

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/2/

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90191 032 \*\*\*158.75

**DOCUMENT # L67315**

1. Entity Name

OAKS RENTING, INC.

Principal Place of Business

% HEIDI BEKIEMPIIS  
 11700 N. 56TH STREET  
 TAMPA FL 33617

Mailing Address

% HEIDI BEKIEMPIIS  
 12108 N 56TH ST #385  
 TAMPA FL 33617  
 US

2. Principal Place of Business

12108 N. 56th Street

3. Mailing Address

Suite, Apt. #, etc.

3+5

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33617

Country

USA

Zip

Country

4. FEI Number 59-3003883

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINCENT BEKIEMPIIS  
 12108 N 56TH ST  
 SUITE #385  
 TAMPA FL 33617

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

*Lisa Caskey*

Lisa Caskey Treasurer

4/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BEKIEMPIIS, HEIDI	
STREET ADDRESS	12108 N 56TH ST #385	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEKIEMPIIS, VINCENT	
STREET ADDRESS	12108 N 56TH ST #385	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lisa Caskey* Treasurer

4/20/01

(813) 988-1428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lisa Caskey*  
*Vincent Bekiempiis* VP

5/19/01

CR2E034 (10/00)