

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L89320

1. Entity Name

JIMMY'S EQUIPMENT RENTAL, INC.



FILED

03 APR -9 AM 8:43

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

400019088194

05/15/03--01064--014 **750.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 823808

3. Mailing Address
P.O. BOX 823808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number 65-0211152

Applied For
Not Applicable

Zip
33082

Country

Zip
33082

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES C. SHELNUT

Street Address (P.O. Box Number is Not Acceptable)

4900 SW 167 AVE

City FT. LAUDERDALE

FL

Zip Code
33331

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

JAMES C. SHELNUT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
(P/D) JAMES C. SHELNUT
P.O. BOX 823808
PEMBROKE PINES, FL 33082

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(V/D) JAMES D. SHELNUT
4900 SW 167 AVE
FT. LAUDERDALE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(S/T) GLENNA S. WAGGONER
4031 SW 84 TERR.
DAVID, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR260348 (12/02)