

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90246 041 ****50.00

DOCUMENT # L94000000278

1. Entity Name
M & W RENTALS, L.C.

Principal Place of Business Mailing Address
713 U.S. HWY. ONE **401 2ND ST.**
NORTH PALM BEACH FL 33408 **CORALVILLE IA 52241**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0517793** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

905410



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, RANDY
6 BRENTWOOD RD.
PALM BEACH FL 33418

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM WARD, RANDY P 401 2ND ST. CORALVILLE IA 52241 <input type="checkbox"/> Delete		
	MGRM MONDANARO, JAMES 5420 N. OCEAN DR. SINGER ISLAND FL 33404 <input checked="" type="checkbox"/> Delete		
	MGRM MONDANARO, MAUREEN 5420 N. OCEAN DR. SINGER ISLAND FL 33404 <input checked="" type="checkbox"/> Delete		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED** **1-17-02** **319-354-4344**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

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