

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # M68288

1. Entity Name
UNITED RENT-ALL OF N.E. FLORIDA, INC.



Principal Place of Business

**% A. THOMAS SMITH
4743 BLANDING BLVD.
JACKSONVILLE, FL 32210**

Mailing Address

**% A. THOMAS SMITH
4743 BLANDING BLVD.
JACKSONVILLE, FL 32210**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2869265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, A. THOMAS
4743 BLANDING BLVD.
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, A. THOMAS
STREET ADDRESS	4743 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SMITH, LORRIE M
STREET ADDRESS	4743 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SMITH, ROSE A
STREET ADDRESS	4743 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SMITH, MICHAEL R
STREET ADDRESS	4743 BLANDING BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	ST
NAME	SMITH, ROSALIE J
STREET ADDRESS	4743 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000777479
01/10/08-80009-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

A. Thomas Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-08

Date

904-771-3300

Daytime Phone #