

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68288

FILED
Jan 09, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2869265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, A. THOMAS,
Address: 4743 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: SMITH, LORRIE M
Address: 4743 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: SMITH, ROSE A
Address: 4743 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: SMITH, MICHAEL R
Address: 4743 BLANDING BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST () Delete
Name: SMITH, ROSALIE J
Address: 4743 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. SMITH

MANA

01/09/2009

Electronic Signature of Signing Officer or Director

Date