

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M71047**

1. Entity Name **NORTH FLORIDA RENTALS, INC.**

**FILED**

01 MAY 22 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**P.O. Box 508  
Monticello, FL 32345**

**SAME**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 508**

Suite, Apt. #, etc.

**SAME**

City & State

City & State

**Monticello, FL**

Zip

Country

Zip

Country

**32345**

**USA**

4. FEI Number

**59-2923614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE CARSWELL  
CR 149-A, HAY POND FARM  
Monticello, FL 32344**

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

**George Carswell (George Carswell)**

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 **PRESIDENT** ☐ Delete  
NAME **George CARSWELL**  
STREET ADDRESS **CR 149-A HAY POND FARM**  
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 the 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; or 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:

**George Carswell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/22/01 850-997-4000**

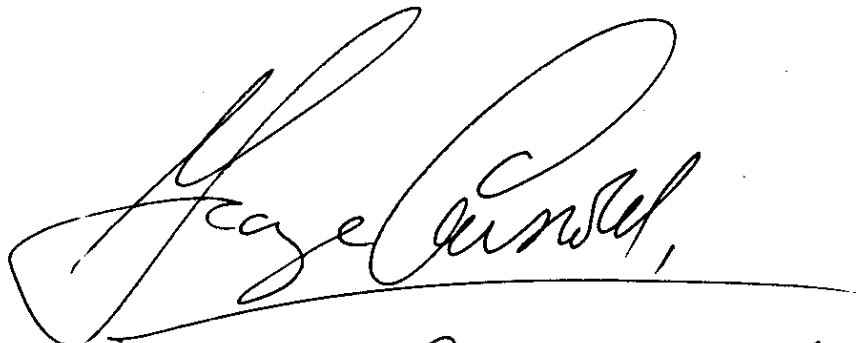
CR2E034 (11/00)

5/22/01

To: Department of State  
Division of Corporations

From: North Florida Rentals, Inc.

I had my home totally destroyed  
by fire on 4/6/01. All my corporate  
renewal paperwork was lost.

  
George Carswell, president