2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State M91089 DOCUMENT # 1. Entity Name 05-13-2002 90186 018 ***150 00 DAYTONA RENT-ALL INCORPORATION Principal Place of Business Mailing Address 148 POINT O WOODS 148 POINT O WOODS DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3055956 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, BARRY E. Street Address (P.O. Box Number is Not Acceptable) 2001 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA FL 32019 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01) ☐ Change Addition Delete TITLE TITLE Carter, Hubert NAME NAME 3670 RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS PT. ORANGE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete Carter, Louise NAME NAME 3670 RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS PT. ORANGE FL CITY-ST-7IP CITY-ST-ZIP __Delete_ TITLE . Change . 🔲 Addition CARTER, ADAM NAME NAME 8670 RIDGEWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 't. Orange fl CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition CARTER, JOHANNA NAME **B670 RIDGEWOOD AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. ORANGE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 3862520857

FILED