


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90384 047 ***150.00

0012188 AV

DOCUMENT # M91089
1. Entity Name
DAYTONA RENT-ALL INCORPORATION



Principal Place of Business
**148 POINT O WOODS
DAYTONA BEACH FL 32114
US**

Mailing Address
**148 POINT O WOODS
DAYTONA BEACH FL 32114
US**

11038916



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3055956

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

6. Name and Address of Current Registered Agent
**HUGHES, BARRY E.
2001 SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA FL 32019**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, HUBERT	
STREET ADDRESS	3670 RIDGEWOOD AVE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, LOUISE	
STREET ADDRESS	3670 RIDGEWOOD AVE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, ADAM	
STREET ADDRESS	3670 RIDGEWOOD	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, JOHANNA	
STREET ADDRESS	3670 RIDGEWOOD AVENUE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louise Carter **RECEIVED** 4-28-03 386-767-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)