

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 15, 2000 8:00 am
Secretary of State

03-17-2000 90041 043 ***150.00

DOCUMENT # M91508

1. Entity Name

BESS BARGAIN RENTALS, INC.

Principal Place of Business

2511 N. WOODLAND BLVD
 DELAND FL 32720

Mailing Address

2511 N. WOODLAND BLVD
 DELAND FL 32720-1332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2899434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, CECIL E.
2511 N WOODLAND BLVD
DELAND 32720

7. Name and Address of New Registered Agent

Name **ROBERTA A LAWRENCE**

Street Address (P.O. Box Number is Not Acceptable)
2511 N Woodland Blvd

City **DELAND**

FL

Zip Code **32720**

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

Robert A. Lawrence DPT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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, 2000 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

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, CECIL E.	
STREET ADDRESS	3757 J ATLANTIC AVE. #104	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, ROBERT	
STREET ADDRESS	3757 J ATLANTIC AVE #104	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA A. LAWRENCE	
STREET ADDRESS	2511 N Woodland Blvd	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART A LAWRENCE	
STREET ADDRESS	2511 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
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		

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.

SIGNATURE:

Robert A. Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

Daytime Phone #