

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90149 048 \*\*\*150.00

DOCUMENT # **1793466** ✓  
1. Entity Name  
**S & R RENTALS INC.**

**DO NOT WRITE IN THIS SPACE**


2. Principal Place of Business <b>345 BLAGDON CT</b>		3. Mailing Address <b>345 BLAGDON CT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE FL.</b>	City & State <b>JACKSONVILLE FL</b>		
Zip <b>32225</b>	Country <b>DUVAL</b>	Zip <b>32225</b>	Country <b>DUVAL</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>650074042</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
7. Name and Address of Current Registered Agent			
Name _____			
Street Address (P.O. Box Number is Not Acceptable) _____			
City <b>FL</b> Zip Code _____			

**DO NOT WRITE  
IN THIS SPACE**

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  DATE **4-15-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAY RIVERA 345 BLAGDON CT. JACKSONVILLE FL. 32225</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. STEVE ELLIOTT 17845 EVANS RD ORLANDO FL. 32833</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **RAY RIVERA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)