

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

MM2502 21/

DOCUMENT #

M93466

1. Entity Name

S & R RENTALS, INC.

Principal Place of Business

345 BLAGDON CT

JACKSONVILLE FL 32225

US

Mailing Address

345 BLAGDON CT

JACKSONVILLE FL 32225

US

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

65-0074042

Applied For

Not Applicable

5. Certificate of Status Desired

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, RAMON

16702 NW 12TH ST 345 BLAGDON CT.

PEMBROKE PIENS FL 33020 JACKSONVILLE FL 32225

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

NAME

RIVERA, RAMON

STREET ADDRESS

345 BLAGDON CT

CITY-ST-ZIP

JACKSONVILLE FL 32225

TITLE

VP

NAME

ELLIOTT, STEVE

STREET ADDRESS

17845 EVANS ROAD

CITY-ST-ZIP

ORLANDO FL 32833

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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:

SIGNATURE REQUIRED

RAMON RIVERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #