

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

DOCUMENT # P00000016622
1. Entity Name
Advanced Rental Service, Inc.

FILED

02 APR 30 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
8504 Adamo Drive
Suite, Apt. #, etc. A

3. Mailing Address
8504 Adamo Dr
Suite, Apt. #, etc. A

City & State
Tampa, Florida
Zip 33619

City & State
Tampa FL
Zip 33619
Country Hillsborough

4. FEI Number 59-3627421
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name A. Shane Arrieta
Street Address (P.O. Box Number is Not Acceptable)
911 Black Knight Drive
City Valrico FL Zip Code 33594

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  A. Shane Arrieta 3-25-02
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Arrieta, A: Shane 911 Black Knight Drive Valrico, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005501142--1 -05/09/02--01072--006 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Shakes, Lea Ford 5738 Horton Rd Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Arrieta, Donna * Addition 911 Black Knight Dr. Valrico, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  A. Shane Arrieta 3-25-02 (813)621-1109
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)