

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91372 050 ***150.00

DOCUMENT # P00000030581

1. Entity Name
RENT-A-CADDY, INC.



Principal Place of Business
**2550 54TH AVE. N.
ST PETERSBURG FL 33714**

Mailing Address
**2550 54TH AVE. N.
ST PETERSBURG FL 33714**

2. Principal Place of Business

5502 HAINES RD.

3. Mailing Address

5502 HAINES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE, FL.

4. FEI Number **59-3635211**

Applied For
Not Applicable

Zip

Country

Zip

Country

33714

FLORIDA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHENNAULT, M.L.
2550 54TH AVE. N.
ST PETERSBURG FL 33714**

7. Name and Address of New Registered Agent

Name **M.L. CHENNAULT**
Street Address (P.O. Box Number is Not Acceptable) **5502 HAINES RD.**
City **ST. PETERSBURG** FL **33714**

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 **M.L. Chennault** **M.L. CHENNAULT, PRES.** **4-8-03**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHENNAULT, M L	
STREET ADDRESS	2550 54TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JEFFERY H	
STREET ADDRESS	2001 83RD AVE. NORTH#1107	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, AMY EDWARDS	
STREET ADDRESS	PO BOX 101579	
CITY-ST-ZIP	CAPE CORAL FL 33910	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, AMY EDWARDS	
STREET ADDRESS	PO BOX 101579	
CITY-ST-ZIP	CAPE CORAL FL 33910	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, AMY EDWARDS	
STREET ADDRESS	PO BOX 101579	
CITY-ST-ZIP	CAPE CORAL FL 33910	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHENNAULT, M L	
STREET ADDRESS	2550 54TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	

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	
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: **M.L. Chennault** **M.L. CHENNAULT, PRES.** **4/8/03** **727-522-7414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)