FILED Apr 16, 2003 8:00 am Secretary of State

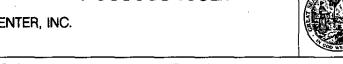
04-16-2003 90291 050 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000048927 DOCUMENT #

RENTALL CENTER, INC.

1. Entity Name



Principal Place of Business Mailing Address 6235 WEST COLONIAL DRIVE 6235 WEST COLONIAL DRIVE ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

4. FEI Number 59-3646048 Not Applicable Zip Zio : Country Country П 5. Certificate of Status Desired

Name

City

\$8.75 Additional Fee Required

Applied For

GREENBERG, KEITH D

6. Name and Address of Current Registered Agent

6235 WEST COLONIAL DRIVE ORLANDO FL 32808

Street Address (P.O. 1	Box Number is Not	Acceptable)

Zip Code

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.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

€ After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE '• GREENBERG, KEITH D NAME NAME STREET ADDRESS 6235 WEST COLONIAL DRIVE STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP Delete TITLE

> NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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 trystee 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 a

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP