

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90466 049 ***150.00

DOCUMENT # P00000061078

1. Entity Name:

AHN SALES & RENTAL, INC.

Principal Place of Business Mailing Address
 2831 Ringling Blvd. 2831 Ringling Blvd.
 Suite D-113 Suite D-113
 Sarasota, FL 34237 Sarasota, FL 34237

2. Principal Place of Business 3. Mailing Address
 2205 US Hwy 27 N 505 Avenue A, NW
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 102

City & State City & State
 Davenport, FL Winter Haven, FL
 Zip Country Zip Country
 33837 USA 33881 USA

4. FEI Number Applied For
 65-1027257 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Watkins, David
 2831 Ringling Blvd., Suite D-113
 Sarasota, FL 34237

7. Name and Address of New Registered Agent

Name
 Govoni, Brian R.
 Street Address (P.O. Box Number is Not Acceptable)
 505 Avenue A, NW, Suite 102
 City Winter Haven FL Zip Code 33881

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

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

(NOTE: Registered Agent Signature required when nonresiding)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D Lumb, Kevin W ☐ Delete
 NAME
 STREET ADDRESS 16687 West Wiltshire Drive
 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE D Lumb, Richard W ☐ Delete
 NAME
 STREET ADDRESS 16687 West Wiltshire Drive
 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE D Lumb, Sandra ☐ Delete
 NAME
 STREET ADDRESS 16687 West Wiltshire Drive
 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Lumb, Kevin W ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9930 W. Lake Marion Drive
 CITY-ST-ZIP Haines City, FL 33844

TITLE D Lumb, Richard W. ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9930 W. Lake Marion Drive
 CITY-ST-ZIP Haines City, FL 33844

TITLE D Lumb, Sandra ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 9930 W. Lake Marion Drive
 CITY-ST-ZIP Haines City, FL 33844

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF D. SECTION

President 5/1/01

CRZE034 (11/00)