2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P00000066812 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2825 PARKWAY STREET

JUST FOR FUN RENTALS, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90145 029 ***150.00

Mailing Address 5608 DEER TRACKS TRAIL LAKELAND FL 33811	
-	
. Mailing Address	 1 (88)

STE 2			LAKELAND FL 33811								
LAKELAND FI	L 33811				•						
2. Principal Place of Business 3. Mailing Address			988	. =		1 10 841 0 04 143 0 0 111 6 0 111 0 4 141 6 0 111 0 4 14	! 80[14 8](8 8] 4	4 JEJUL II -			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State	City & State			4. FEI Number 59-3659422			olied For Applicable	
Zip		Country	Zip	Coi	untry	5. (Certificate of Status Desired	\$8.75 Fee Re	Addi	tional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Name_	- '. '					
HAMM, VICTORIA											
•				Street Addres	ss (P.O. B	(P.O. Box Number is Not Acceptable)					
	R TRACKS	IKAIL									
LAKELAN	D FL 33811			~ ~							
					City	···			01-		
					City			FL Zip	Code		
8. The above the obligat	named entity ions of registe	submits this statement ered agent.	for the purpose of cha	anging its registe	ered office or regis	stered ag	ent, or both, in the State of Florida.	I am familiar	with, a	nd accept	
		•									
SIGNATURE.	Signature typed o	or printed name of registered ager	nt and title if applicable	(NOTE: Pagieta	red Agent signature requ	irad ubaa sa	Signaturing)	DATE			
		-10		(NOTE: NOGOLO			7				
F	ILE NOW!!!	FEE IS \$150.00					a Fharfas Conscient Finns in				
		3 Fee will be \$550.00					 Election Campaign Financin Trust Fund Contribution. 	· _ ,		May Be to Fees	
Make Check	Payable to	Florida Department	of State			i	i must Fund Contribution.		.aaea 1	o rees	
10.		OFFICERS AND	D DIRECTORS	11		Δ۵	L DITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS	IN 11	
TITLE	P		□ De			, (2)	511101107017111025 70 071102110	Cha		Addition	
NAME	HAMM, VIC	TORIA	اللها اللها		ME			ر داره	.iige	Addition	
STREET ADDRESS		R TRACKS TRAIL			REET ADDRESS						
CITY-ST-ZIP	LAKELAND				Y-ST-ZIP						
	T "	1,50011									
TITLE			□ De		1			☐ Cha	.n ge	☐ Addition	
NAME	HAMM, KE			NA							
STREET ADDRESS	5608 UEE	TRACKS TRAIL		3	REET ADDRESS						
CITY-ST-ZIP	LAKELAND	FL 33811	#	Cit	Y-ST-ZIP						
TITLE	•		☐ De	lete	LE	•		☐ Cha	nge	Addition	
NAME~		المناه المستحوليات	بالمحاروي بميمينا بالمحاري		MÉ		, Pagament				
STREET ADDRESS				STE	REET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
TITLE			☐ De	lete TiT	F			☐ Cha	nga	Addition	
NAME			□ 0€	NAI					nyc	Addition	
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
										_	
TITLE			_ De					☐ Cha	nge	■ Addition	
NAME				NAI	ME						
STREET ADDRESS					REET ADDRESS			•			
CITY-ST-ZIP				CIT	Y-ST-ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Del	lete TITI	LE			☐ Cha	nge	Addition	
NAME				NAM					J -		
STREET ADDRESS				STR	BEET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
13 Lboroby o	artify that the	information augmatical with	th this filips doss +++ -			0 11 4	(10 07/0)/D 51 11 01 14 14 14				

Increasy certify that the information supplied with this filling 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: