

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

DOCUMENT # **P00000073414**

1. Entity Name
FAMILY RENTALS OF GIBSONTON. INC.



Principal Place of Business
5413 US HWY. 92 WEST
PLANT CITY FL 33567

Mailing Address
5413 US HWY. 92 WEST
PLANT CITY FL 33567

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **65-1027583** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GLUSICA, NOMA
507 LITTLE EAGLE CT.
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Noma Glusica Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-03 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 **P** Delete
NAME **PRESEAU, GREG**
STREET ADDRESS **4204 IMPERIAL EAGLE**
CITY-ST-ZIP **VALRICO FL 33594**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE **ST** Delete
NAME **GLUSICA, NOMA**
STREET ADDRESS **507 LITTLE EAGLE CT.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE Delete
NAME **—**
STREET ADDRESS **—**
CITY-ST-ZIP **—**

Change Addition
TITLE **—** Delete
NAME **—**
STREET ADDRESS **—**
CITY-ST-ZIP **—**

TITLE Delete
NAME **—**
STREET ADDRESS **—**
CITY-ST-ZIP **—**

Change Addition
TITLE **—** Delete
NAME **—**
STREET ADDRESS **—**
CITY-ST-ZIP **—**

TITLE Delete
NAME **—**
STREET ADDRESS **—**
CITY-ST-ZIP **—**

Change Addition
TITLE **—** Delete
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:

Noma Glusica Signature, typed or printed name of signing officer or director

1-13-03 757 0662

Date

Daytime Phone #

CR2E034 (10/02)