

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90036 044 \*\*\*150.00

0467853

**DOCUMENT # P00000078761**

1. Entity Name  
**G & C RENTALS, INC.**

Principal Place of Business  
**701 NW ANCHORS STREET  
 FORT WALTON BEACH FL 32548**

Mailing Address  
**701 NW ANCHORS STREET  
 FORT WALTON BEACH FL 32548**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-3670778**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, GEORGE R  
 701 NW ANCHORS STREET  
 FORT WALTON BEACH FL 32548**

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **P SMITH, GEORGE R**  
 STREET ADDRESS **11 SLEEPY HOLLOW DRIVE**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST ELROD, JO ANN**  
 STREET ADDRESS **9 SLEEPY HOLLOW DRIVE**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V SMITH, JAMES L**  
 STREET ADDRESS **ROUTE 28, BOX 2620-8, WAKULLA SPGS. RD.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V GRAVES, NANCY J**  
 STREET ADDRESS **100 FULMAR CIRCLE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V SMITH, DAVID L**  
 STREET ADDRESS **7 SLEEPY HOLLOW DRIVE**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: *Jo Ann Elrod*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-4-01*  
 Date

*850-244-2980*  
 Daytime Phone #

CR2E034 (10/00)