


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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 012 ***150.00

DOCUMENT # P00000099058
1. Entity Name
Duval Rental Inc



DO NOT WRITE IN THIS SPACE

90008739

2. Principal Place of Business
11235 Duval Rd
Suite, Apt. #, etc.

3. Mailing Address
2721 Dunn Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville Fl.

City & State
Jacksonville Fl.

4. FEI Number
593690579

Applied For
 Not Applicable

Zip
32218 Country
US

Zip
32218 Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Wayne Lewis

Street Address (P.O. Box Number is Not Acceptable)
2721 Dunn Ave

City
Jacksonville FL Zip Code
32218

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Wayne Lewis 2721 Dunn Ave Jacksonville Fl 32218</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD Earl Lewis 2721 Dunn Ave Jacksonville Fl 32218</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Lewis Wayne Lewis 1-16-03 904-766-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #