

Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 AUG 22 PM 6:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000099648
1. Entity Name Treasure Coast Rentals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4967 SE Fed. Highway Suite, Apt. #, etc.	3. Mailing Address 4967 SE Fed. Highway Suite, Apt. #, etc.
--	--

City & State Stuart, FL	City & State Stuart, FL
Zip 34997	Zip 34997
Country	Country

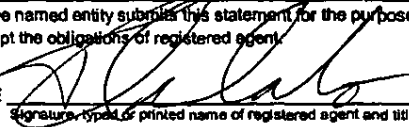
4. FEI Number 65-1050587	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Orlando, Frank P., CPA	
Street Address (P.O. Box Number is Not Acceptable) One S. Church Street 1971 Doris Court	
4th Floor	
City Hazleton, PA	Zip Code NAPLES FL 34109

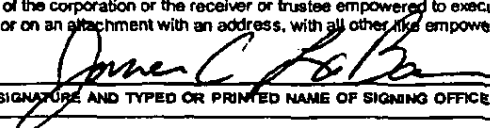
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 7/29/03
---	------------------------

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$51.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Labar, James C 4967 SE Federal Highway Stuart, FL 34997	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500022026905 08/04/03--01031--002 **61.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(l), 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
---	--	------	-----------------