

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90058 018 ***550.00

DOCUMENT # P00000101424

1. Entity Name
DEALMEIDA RENTALS, INC.



Principal Place of Business
**4445 N. PACIFIC CIRCLE
N. FT. MYERS FL 33903**

Mailing Address
**4445 N. PACIFIC CIRCLE
N. FT. MYERS FL 33903**



2. Principal Place of Business *Same as above* 3. Mailing Address *Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1024474**

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

**MELCHER, ANGELINA M
4445 N. PACIFIC CIRCLE
N. FT. MYERS FL 33903**

7. Name and Address of New Registered Agent

Name *Same*

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.

Angelina M. Melcher

6/10/03

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	CO	<input type="checkbox"/> Delete
NAME	MELCHER, ANGETINA M.	
STREET ADDRESS	4445 N PACIFIC CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	CO	<input type="checkbox"/> Delete
NAME	MELCHER, STEWART A	
STREET ADDRESS	4445 N PACIFIC CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	CO	<input type="checkbox"/> Delete
NAME	DEALMERDA, MICHAEL	
STREET ADDRESS	385 SNOW DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/03

Date

(239) 997 -

1749

Daytime Phone #

CR2E034 (10/02)