2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P01000007291 1. Entity Name 03-25-2002 90131 009 ***158.75 CELL U RENT, INC. Principal Place of Business Mailing Address 7061 GRAND NATIONAL DRIVE 7061 GRAND NATIONAL DRIVE **SUITE #107-B** SUITE #107-B ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3693913 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kent E. Cadú Sr PICKLES, TIMOTHY F Street Address (P.O. Box Number's Not Acceptable) 1970 MICHIGAN AVENUE **BUILDING C** COCOA FL 32922 City Zip Code 32819 - 8318 0~1 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -TITLE ☐ Delete DPC TITLE Change ☐ Addition CADY, KENT E SR. NAME NAMĖ 7061 GRAND NATIONAL DRIVE SUNE TIOD-B. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 - 8398 CITY - ST-ZIP TITLE ☐ Delete ² ☐ Change ☐ Addition CADY LISA ROGERS NAME NAME . 7061 Grand National Dr Svite#107-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando FL 32819-8398 CITY-ST-ZIP Delete . TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED