

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007426

1. Entity Name

SUMMER FUN RENTALS, INC.

Principal Place of Business

8815 THOMAS DR., UNIT 304
PANAMA CITY BEACH FL 32408

Mailing Address

8815 THOMAS DR., UNIT 304
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip*

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRIBLING, ROBERT W

8815 THOMAS DR., UNIT 304

PANAMA CITY BEACH FL 32408

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 ROBERT W. STRIBLING

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

(NOTE: Registered Agent signature required when reinstating)

10/20/02

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, 2002 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 P
NAME STRIBLING, PAMELA M
STREET ADDRESS 8815 THOMAS DR., UNIT 304
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500008591035
10/25/02--01041--008 **563.75

TITLE VT
NAME STRIBLING, ROBERT W
STREET ADDRESS 8815 THOMAS DR., UNIT 304
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500008591035
02/26/03--01055--016 **186.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02 6787771125

Date

Daytime Phone #

FILED

03 FEB 26 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

4. FEI Number

593696699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/01)