

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90731 025 \*\*\*150.00

0196961 AV

**DOCUMENT # P01000023909**

**1. Entity Name**  
**FLORIDA LIBERTY RENTALS INC.**



**Principal Place of Business**  
**105 SOUTH CORTEZ DRIVE**  
**CIRCLE N**  
**MARGATE FL 33068**

**Mailing Address**  
**105 SOUTH CORTEZ DRIVE**  
**CIRCLE N**  
**MARGATE FL 33068**

**2. Principal Place of Business**

**3. Mailing Address**

**85-6th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**GRAND-MERE**

Zip

Country

Zip

Country

**G9T 2G4 CANADA**

**4. FEI Number**

**02-0599944**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

**DENIS BROUSSEAU**

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

**105 SOUTH CORTEZ DR CIRCLE N**

City

**MARGATE**

FE

Zip Code

**33068**

**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**

*[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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTEL, MARLENE</b>	
STREET ADDRESS	<b>105 SOUTH CORTEZ DRIVE CIRCLE N</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIRARD, SYLVAIN</b>	
STREET ADDRESS	<b>105 SOUTH CORTEZ DRIVE CIRCLE N</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROUSSEAU, DENIS</b>	
STREET ADDRESS	<b>85, 6 AVENUE</b>	
CITY-ST-ZIP	<b>GRAND-MERE QUEBEC CANADA G9T</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03**

Date

Daytime Phone #

**-819-533-4259**

CR2E034 (10/02)