

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

04-29-2002 90083 009 ***150.00

DOCUMENT # P01000032942

1. Entity Name

BC Rentals, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5824 Gibson Shores Drive

Suite, Apt. #, etc.

3. Mailing Address

5824 Gibson Shores Drive

Suite, Apt. #, etc.

32620

DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3713188

Applied For

Not Applicable

Zip

Country

33809 USA

Zip

Country

33809 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Shawn R Brown

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

5824 Gibson Shores Drive

City

Lakeland

FL

Zip Code

33809

**DO NOT WRITE
IN THIS SPACE**

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 Shawn R Brown Shawn R. Brown President

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

(NOTE: Registered Agent signature required when reinstating)

5-9-02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P/T
NAME Shawn R Brown
STREET ADDRESS 5824 Gibson Shores Drive
CITY-ST-ZIP Lakeland FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S
NAME Shara Buck
STREET ADDRESS 3021 Tengroac Mine Road
CITY-ST-ZIP Lakeland FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shawn R Brown Shawn R. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

Daytime Phone #

863-853-5253

CR2E034B (12/01)