Apr 25, 2003 8:00 am & Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P01000032942 DOCUMENT # 04-25-2003 90152 009 ***150.00 1. Entity Name BC RENTALS, INC. Principal Place of Business Mailing Address 5824 GIBSON SHORES DR 5824 GIBSON SHORES DR LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 3015 Tenoroc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State Applied For 59-3713188 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 0 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent with thous BROWN, SHAWN R eet Address (P.O. Box Number is Not Acceptable) 5824 GIBSON SHORES DR **LAKELAND FL 33809** the poligations of registered agent. 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 -20-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9, Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE VS TITLE ☐ Delete NAME **BUCK, SHARA** NAME STREET ADDRESS 3021 TENOROC MINE RD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-ZIP ☐ Delete Change TITLE TITLE NAME BROWN, SHAWN R NAME STREET ADDRESS STREET ADDRESS 5824 GIBSON SHORES DR CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete

Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 address, with all other like empowered changed, or on an attachment w

SIGNATURE: