## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # 05-29-2002 90736 037 ***150.00  1. Entity Name WE RENT TENTS, INC.					
DO NOT WRITE IN THIS SPACE				80123314	
2. Principal Pi 805 Sou	ace of Business oth 9th Street	3. Mailing Address 805 South 9th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For	
Leesburg FT. Zip Country		Ieesburg FT. Zip Country		59-3715973 Not Applicable	
34748	USA	34748	USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
			Name	7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE			ROBERT R. CYRUS		
			Street Add	Street Address (P.O. Box Number is Not Acceptable)	
			214-A North Third Street		
			City	eesburg FL Zip Code 34748	
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 Survivue repaid or printed name of registered argent and title if applicable. INGTE, Registered Again, signature required when reinstalling! DATE					
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	January 1:- M	ny 1. Fee Is \$150.0 I, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND I	DIRECTORS	aet.		
ritle Name	P/D		. TITLE NAME		
STREET ADDRESS CITY+ST+ZIP	COMBS, DAVID A. 805 S. 9th St. Leesburg, FL 34748		STREET AOORESS CITY - ST - ZIP		
TITLE	S/T/D		THILE		
NAME STREET ADDRESS	FECHTEL, REGINALD A., SR.		NAME STREET ADDRESS		
CITY - ST- ZIP	805 S. 9th St. Leesburg, FL 34748		CITY-ST-ZIP	1 1 U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE			TITLE		
NAME STREET ADDRESS			NAME STOCET ADDDCES		
CHA-21-NG			STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
DILE			TITLE	IN THIS SPACE	
NAME STREET ADDRESS			NAME STREET ADDRESS	IN THIS SPACE	
City-St-ZiP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TITLE	:	
NAME STREET ADDRESS			NAME		
STREET ADDRESS CITY+ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP		
TOTE,C		,	TITLE		
NAME		1 .	NAME		
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS  CITY-ST-ZIP		
2.47 511 40			OILL ST. CIL.		

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

REGINALD A. FECHTEL, SR. SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNING DEFICER OR DIRECTOR S/T/D

5/22/02

352/787-6856

Daylime Plane \*