## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 28, 2002 8:00 am § Secretary of State DOCUMENT # P01000051653 1. Entity Name LOCARENT, INC. 03-28-2002 90171 023 \*\*\*150.00 Mailing Address Principal Place of Business ONE LAS OLAS CIRCLE #1414 ONE LAS OLAS CIRCLE #1414 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 1013 Griffin Road 1013 Griffin Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1106880 City & State City & State Applied For Lakeland, Florida Lakeland, Florida Not Applicable Country Country 33805-2443 \$8.75 Additional 5. Certificate of Status Desired 33805-2443 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Pierre</u> R Brouillet COFAR, LAWRENCE J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1013 Griffin Road 915 MIDDLE RIVER DR SUITE 506 FORT LAUDERDALE FL 33304 City Lakeland, Zip Code <u> 33805-2443</u> 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) $\mathbf{x}$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete NAME **BROUILLET, MICHEL** NAME STREET ADDRESS ONE LAS OLAS CIRCLE #1414 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE. TITLE NAME BROUILLET, ANDREE LOUISE M NAME ONE LAS OLAS CIRCLE #1414 STREET ADDRESS STREET ADDRESS CITY.-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE ☐ Delete TITLE ☐ Change ☐ 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-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE " □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED** 

Pierre R. Brouillet, Manager, March 14, 2002 SIGNATURE: (863) 688-010 Plytime Phone # AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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