

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 038 ***150.00

DOCUMENT # P01000059688

1. Entity Name

GO RENT, INC.

Principal Place of Business

6350 BONNIE CT.**ST. CLOUD FL 34771**

Mailing Address

6350 BONNIE CT.**ST. CLOUD FL 34771**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3723665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEYWARD, GRATTAN**6350 BONNIE CT.****ST. CLOUD FL 34771**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HEYWARD, GRATTAN**
CITY-ST-ZIP **6350 BONNIE CT.**
ST. CLOUD FL 34771TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



July 31, 2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

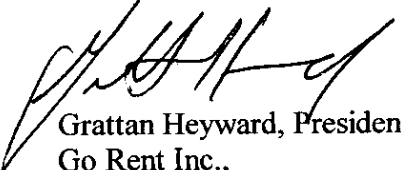
Re: Uniform Business Report; Go Rent Inc., Document P01000059688

To Whom It May Concern:

I am writing this letter as a formal request to waive the \$400.00 late filing fee. Enclosed is check # 2071 in the amount of \$150.00. I do not recall receiving the initial Uniform Business Report (UBR) and was unaware such a report existed. I now understand when to expect this UBR again and can assure you it will be filed in a timely manner in the future.

As stated above, the initial corporate UBR fees are enclosed. I apologize for any problems this may have caused. Thank you in advance for your time in this matter. Please do not hesitate to contact me with any questions or comments.

Sincerely,



Grattan Heyward, President
Go Rent Inc.,
Top10Video@aol.com
407-908-3728