

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90171 017 \*\*\*150.00

DOCUMENT # P01000098985

1. Entity Name  
**GALVAN RENTALS, INC.**



Principal Place of Business  
7420 E. COUNTY ROAD 720  
MOORE HAVEN, FL 33471

Mailing Address  
7420 E. COUNTY ROAD 720  
MOORE HAVEN, FL 33471

2. Principal Place of Business **SAME** 3. Mailing Address **P.O. Box 775**

Suite, Apt. #, etc.

City & State **Clewiston, FL**

Zip **33440** Country **Hendry**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1143389** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGAHEE, MELANIE A**  
**417 WEST SUGARLAND HIGHWAY**  
**CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MARTINEZ, GUMARO SR.**  
STREET ADDRESS **7420 E. COUNTY ROAD 720**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE **V** ☒ Delete  
NAME **GALVAN, FRANCISCO**  
STREET ADDRESS **7420 E. COUNTY ROAD 720**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE **S** ☐ Delete  
NAME **GALVAN, OSCAR**  
STREET ADDRESS **7420 E. COUNTY ROAD 720**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE **T** ☐ Delete  
NAME **MARTINEZ, GUMARO JR**  
STREET ADDRESS **7420 E. COUNTY ROAD 720**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP S** ☒ Change ☐ Addition  
NAME **GALVAN, OSCAR**  
STREET ADDRESS **7420 E. COUNTY RD. 720**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie McGahee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-18-03**  
Date

**Melanie McGahee, Esq.**  
**(863) 983-1677**  
Daytime Phone #

CH2034 (10/02)