

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90601 025 ***158.75

0446530 AV

DOCUMENT # P01000102931

1. Entity Name

FLORIDA RENT A HOME CORPORATION

Principal Place of Business

Mailing Address

18001 GULF BLVD

18001 GULF BLVD

REDINGTON SHORES FL 33708

REDINGTON SHORES FL 33708

2. Principal Place of Business

3. Mailing Address

17635 GULF BLVD

17635 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REDINGTON SHORES

REDINGTON SHORES FL

Zip

Country

Zip

Country

33708

USA

33708

USA

4. FEI Number

Applied For

30-0025752

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, N LESLIE

18001 GULF BLVD

REDINGTON SHORES FL 33708

Name

N. LESLIE WRIGHT.

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

17635 GULF BLVD

REDINGTON SHORES

City

FL

Zip Code

33708

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)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	P	<input type="checkbox"/> Delete
NAME	WRIGHT, N LESLIE	
STREET ADDRESS	18001 GULF BLVD	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, CYNTHIA H	
STREET ADDRESS	18001 GULF BLVD	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRACY, MARILYN	
STREET ADDRESS	18001 GULF BLVD	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRACY, JOHN A	
STREET ADDRESS	18001 GULF BLVD	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. LESLIE WRIGHT

7273987700

Date

Daytime Phone #

CR2E034 (9/01)