

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**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number      Applied For  
**30-0025752**      Not Applicable

Zip      Country      Zip      Country  
**33708**      **USA**      **33708**      **USA**

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

6. Name and Address of Current Registered Agent  
**WRIGHT, N LESLIE**  
**18001 GULF BLVD**  
**REDINGTON SHORES FL 33708**

7. Name and Address of New Registered Agent  
 Name  
**N. LESLIE WRIGHT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17635 GULF BLVD**  
**REDINGTON SHORES**  
 City      State      Zip Code  
    **FL**      **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: *N. Leslie Wright*      *N. LESLIE WRIGHT*      *1.3.02*  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WRIGHT, N LESLIE</b> <b>18001 GULF BLVD</b> <b>REDINGTON SHORES FL 33708</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WRIGHT, CYNTHIA H</b> <b>18001 GULF BLVD</b> <b>REDINGTON SHORES FL 33708</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TRACY, MARILYN</b> <b>18001 GULF BLVD</b> <b>REDINGTON SHORES FL 33708</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TRACY, JOHN A</b> <b>18001 GULF BLVD</b> <b>REDINGTON SHORES FL 33708</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *N. Leslie Wright*      *1.3.02*      *727 398 7700*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)