

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90371 010 ***150.00

0120145 AV

DOCUMENT # P01000104768

1. Entity Name
AMERICA RENTS, INC.

Principal Place of Business
**1176 S. PATRICK DR.
 SATELLITE BCH FL 32937**

Mailing Address
**1176 S. PATRICK DR.
 SATELLITE BCH FL 32937**

2. Principal Place of Business
Same as above.

3. Mailing Address
Same as Above

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Satellite Bch. FL.

City & State
Satellite Bch FL.

4. FEI Number
59-375 4078

Applied For
☐ Not Applicable

Zip
32937

Country
USA

Zip
32937

Country
USA

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

6. Name and Address of Current Registered Agent
**CONNORS, ED
 1176 S. PATRICK DR.
 SATELLITE BCH FL 32937**

7. Name and Address of New Registered Agent
 Name **Same as #6**
 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.

SIGNATURE _____ (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNORS, ED	NAME			
STREET ADDRESS	4355 WOODHAVEN DR.	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNORS, JOANNE	NAME			
STREET ADDRESS	4355 WOODHAVEN DR.	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNORS, THOMAS	NAME			
STREET ADDRESS	4355 WOODHAVEN DR.	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ED CONNORS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-02 321-779-2555
 Date Daytime Phone #

CR2E034 (9/01)