

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90087 024 ***150.00

0002350 AT

DOCUMENT # P01000114971

1. Entity Name
COMPUTER RENTALS, INC.

Principal Place of Business
10364 MARBLE EGRET DRIVE
JACKSONVILLE FL 32257

Mailing Address
10364 MARBLE EGRET DRIVE
JACKSONVILLE FL 32257

00100311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
803D Phillips Hwy.
 Suite, Apt. #, etc.
Suite 5A

3. Mailing Address
803D Phillips Hwy.
 Suite, Apt. #, etc.
Suite 5A

City & State
Jacksonville, Florida
Zip
32256
Country
U.S.A.

City & State
Jacksonville, Florida
Zip
32256
Country
U.S.A.

4. FEI Number
01-0563614

Applied For

Not Applicable

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

MANDELL, MARC
10364 MARBLE EGRET DRIVE
JACKSONVILLE FL 32257

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.

SIGNATURE *Marc Mandell*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/02

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

| | |
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| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>M</i> |
| STREET ADDRESS | <i>Marc Mandell</i> |
| CITY-ST-ZIP | <i>10364 Marble Egret Dr.</i> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034 (9/01)

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

4/27/02

Date

904 332 2609

Daytime Phone #