FILED

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

Apr 25, 2003 8:00 am Secretary of State P02000004457 DOCUMENT # 04-25-2003 90128 025 ***150.00 1. Entity Name MAC'S RENTS, INC. Mailing Address Principal Place of Business 60022476 3039 E OLIVE ROAD 3039 E OLIVE ROAD PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 51-0435505 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jennie McElrov COHEN, JOEL M Street Address (P.O. Box Number is Not Acceptable) 3039 E. Olive Road 235 E INTENDENCIA ST PENSACOLA FL 32501 City Pensacola 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE P/S/T/D ☐ Change X Addition COHEN, JOEL M NAME NAME McElroy, Jennie a 3039 E. Olive Road STREET ADDRESS 238 E INTENDENCIA ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP Pensacola, FL 32514 MCELROY TITLE Delete TITLE ☐ Addition MCELLROY, ROBERT L NAME NAME STREET ADDRESS 3129 BELLE CHRISTIANE PLACE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP Delete _ TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF