

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90978 040 ***150.00

DOCUMENT # P02000015828

1. Entity Name
OBC RENTAL CORPORATION



Principal Place of Business
315 FLAGLER AVE.
NEW SMYRNA BEACH FL 32169

Mailing Address
315 FLAGLER AVE.
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business
421 SOUTH ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address
421 SOUTH ATLANTIC AVE
Suite, Apt. #, etc.

City & State
NEW SMYRNA BEACH, FL
Zip
32169
Country
USA

City & State
NEW SMYRNA BEACH, FL
Zip
32169
Country
USA

4. FEI Number
04-3600023

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

HOUNSOM, SUSAN
315 FLAGLER AVE.
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **WIT, GARRY**
STREET ADDRESS **3937 ROSE OF SHARON DR.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ **Change** ☒ **Addition**
NAME **MILTON JOHNSON**
STREET ADDRESS **421 SOUTH ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32169**

S ☐ **Change** ☒ **Addition**
NAME **SUSAN HOUNSOM**
STREET ADDRESS **315 FLAGLER AVE.**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32169**

V ☐ **Change** ☒ **Addition**
NAME **WILLIAM GRIT**
STREET ADDRESS **3901 SANTA FE CT.**
CITY-ST-ZIP **GRANDVILLE, MI 49418**

D ☐ **Change** ☒ **Addition**
NAME **GEORGE KROEZE**
STREET ADDRESS **1837 CHATEAU DR.**
CITY-ST-ZIP **WYOMING, MI 49509**

☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: MILTON JOHNSON **4-2-03** **386-423-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)