

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 90152 037 ***150.00

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DOCUMENT # P02000037497

1. Entity Name
POLK RENTAL CORP.



Principal Place of Business
**5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

Mailing Address
**C/O WENDEL & CHRITTON, CHARTERED
POST OFFICE BOX 5378
LAKELAND FL 33807**



2. Principal Place of Business
1501 SHEPHERD Rd
Suite, Apt. #, etc.
Suite # 5

3. Mailing Address
P.O. Box 6271
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKELAND, FL

City & State
Lakeland FL

4. FEI Number
04 3661155

Applied For
Not Applicable

Zip
33811

County
Polk

Zip
33807

Country
USA

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

WENDEL JOHN F
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/S/D
CARLTON D. HODGES
1501 SHEPHERD ROAD
LAKELAND, FLORIDA 33811

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
JOHN F. WENDEL
995 LAKE HOLLINGSWORTH DRIVER
LAKELAND, FLORIDA 33803

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
CHARLES P. CHRITTON
3237 CLEVELAND HEIGHTS BLVD.
LAKELAND, FLORIDA 33803

☐ Delete

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CITY-ST-ZIP
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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:

SIGNATURE REQUIRED

Carlton D. Hodges

4-28-03

863-647-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)