

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90101 047 \*\*\*158.75

DOCUMENT # **PO2000063647**

1. Entity Name

**CHARGE RENTAL Division, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**410 LA PENINSULA**

3. Mailing Address

**169 GODFREY Rd.,**

Suite, Apt. #, etc.

**LA PENINSULA Rd.,**

Suite, Apt. #, etc.

**LUDLOW,**

DO NOT WRITE IN THIS SPACE

State

**ISLE OF CAPRI**

City & State

**VT. 05149**

4. FEI Number

**45-0479992**

Applied For  
Not Applicable

**34113**

**COLLIER**

Zip

**05149**

Country

**WINDSOR**

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

7. Name and Address of Current Registered Agent

Name

**BRIAN R GLYNN**

Street Address (P.O. Box is acceptable)

**207 NORTH COLLIER BLVD.**

City

**MARCO ISLAND.**

FL

Zip Code

**34145**

**DO NOT WRITE  
IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE **PRBS.**  
NAME **BRIAN R GLYNN**  
STREET ADDRESS **207 N. COLLIER BLVD.,**  
CITY-ST-ZIP **MARCO ISLAND, FLA. 34145**

TITLE **V. PRBS - SEC.**  
NAME **WM. SHAUGHNESSY**  
STREET ADDRESS **207 N. COLLIER BLVD.,**  
CITY-ST-ZIP **MARCO ISLAND, FLA. 34145**

TITLE **TREASURER**  
NAME **THOMAS E GLYNN JR**  
STREET ADDRESS **169 GODFREY Rd.,**  
CITY-ST-ZIP **LUDLOW, VT. 05149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian R Glynn Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-03**  
Date

**239-6423000**  
Daytime Phone #

CR2E034B (12/02)