

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-31-2003 90116 017 ***158.75

DOCUMENT # P02000088316

1. Entity Name
A & R RADIO RENTALS, INC.



Principal Place of Business
**4011 GREENBLUFF RD
ZELLWOOD FL 32798**

Mailing Address
**4011 GREENBLUFF RD
ZELLWOOD FL 32798**

2. Principal Place of Business
**7061 GRAN'S NAIL DRIVE
Suite Apt. #, etc.
139**

3. Mailing Address

Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip
32819
Country
ORANGE

City & State

Zip

Country

4. FEI Number
11-3648474

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

7. Name and Address of New Registered Agent

**LOMBARDI, ALICE G
4011 GREENBLUFF RD
ZELLWOOD FL 32798**

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 **PRESIDENT - TRES** ☐ Delete
NAME **ALICE G. LOMBARDI**
STREET ADDRESS **4011 GREENBLUFF ROAD**
CITY-ST-ZIP **ZELLWOOD FL 32798**

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

TITLE **VICE PRES - SEC** ☐ Delete
NAME **RONALD R. LOMBARDI**
STREET ADDRESS **4011 GREENBLUFF ROAD**
CITY-ST-ZIP **ZELLWOOD FL 32798**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

407-226-3410

Date Daytime Phone #

CR2034 (10/02)