2003 FOR PROFIT CORPORATION

UN	FORM BUSINE	SS REPORT	(UBR	<u> </u>	The state of the s	TOTAL CO.	الفائديدية ال
DOCU	MENT # P0200	0103111	A THE		03.HAY-16	AM 8: 49	A.C.
1. Entity Name					04-18-2003 90	217 008 ***15	8.75
RENTAL RESOURCES OF FLORIDA, INC.					04-18-2003 90 TALLAHASSI	EE, FLORIO	4
	ce of Business	Mailing Address					
8143 STATE ROAD # 52 BAYONET POINT FL 34667		8143 STATE ROAD # 52 BAYONET POINT FL 34667		Ì			
DATONET FO	100 FL 0-007	DATURE FORM PE SHOCF			1 1998/454 AL 48004 11871 6 FFA 2011/19	(4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (1 788) (8 8) (88)
2. Principal Place of Business 3. Mailing Add							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_/		
					CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State .		Ê	. FEI Number 05-0550903		pplied For ot Applicable
Zip	Country	Zip	Country	ſ	. Certificate of Status Desired	\$8.75 Ad Fee Requir	Iditional ed
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of New Regis	stered Agent	
DOMEAN C	RESOURCES OF FLORIDA. INC.	MARcetta Du	Name.		. <u></u>	» <u></u>	
8143 STATE ADAD 52 10801 Northolt				Street Address (P.O. Box Number is Not Acceptable)			
	BOILE PLANA		'				
1 moon, ren			City			FL Zip Cod	de de
3 3 6 2 6 8. The above named entity submits this statement for the purpose of changing its registere-				registered	annest or both in the Clote of Election		
	tions of registered agent.	and barbose or cristiania its is	agistered onice of	iegistereo i	•		1
SIGNATURE	Signature, typedror printed name of registered agent		Registered Agent signat	us mustad the		- /3-0	03
	ILE NOW!!! FEE IS \$150.00	(13.5.1			1 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		
Afte	r May 1, 2003 Fee will be \$550.00 (Payable to Florida Department of	State			 Election Campaign Financi Trust Fund Contribution. 		00 May Be d to Fees
10.	OFFICERS AND		T 11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11
TITLE	P	Delete	TITLE	 		☐ Change	
NAME STREET ADDRESS	DULL, MARCETTA D 8145 STATE ROAD 52		NAME STREET ADDRESS				
CITY-ST-ZIP	BAYONET POINT FL 34667	,	CITY-ST-ZIP	\$	•		☐ Addition
TITLE	VP	Delete	TITLE	VP		Change	Addition
NAME STREET ADDRESS	STYLES, C A 8145 STATE ROAD 52		NAME STREET ADORESS		L, MARCE TYA D.	3	}
CITY-ST-ZIP	BAYONET POINT FL 34667-		CITY-ST: ZIP		s state road s onet-point-itha	34.66.7	
TITLE		☐ Delete	TITLE	3	<u> </u>	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	ļ			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•		
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	ļ			}
CITY-ST-ZIP		•	CITY-ST-ZIP	}	•		}
TITLE		☐ Delete	TITLE			☐ Change	Addition
name Street adoress			NAME STREET ADDRESS		12/		
CITY-ST-ZIP			CITY-ST-ZIP	}	LY 25/1	9	{
TITLE	<u> </u>	☐ Delete	TITLE			Change	☐ Addition
NAME			NAME STREET ADDRESS				{
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	ł			}
12. I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption stat	ed in Sectio	n 119.07(3)(i), Florida Statutes. I furti	her certify that the	information
of the cor	on this report or supplemental report is poration or the receiver or trustee emporation or the receiver or trustee emporation and attachment with an address, v	wered to execute this report as	r signature snall n s required by Cha	pter 607, Flo	orida Statutes; and that my name app	pears in Block 10 o	r Block 11 if
_	Office the second	(a) E (a) E (A) (b)	₹	44.11	813	-818	
SIGNAT	URE: Martillo	WE COLLECTED	اللاء	7-11	0-03	7090	

SIGNATURE: 400 TETUS EDECUIRED