


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

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90253 003 ***150.00

DOCUMENT # POS000133160 1. Entity Name Night Owl Rental, Inc.	
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60035609

2. Principal Place of Business 4560 Overseas Hwy. Suite, Apt. #, etc.	3. Mailing Address 4560 Overseas Highway Suite, Apt. #, etc.
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City & State Marathon, FL	City & State Marathon FL	4. FEI Number 06-1758151	<table border="1" style="width:100%"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For					
Not Applicable					
Zip 33050	Country U.S.A.	Zip 33050	Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

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7. Name and Address of Current Registered Agent

Spiegel & Ultera, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
1840 Coral Way, 4th Floor	
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

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

10. OFFICERS AND DIRECTORS

TITLE President NAME Stephanie Buckwalter STREET ADDRESS 921 5th Ave CITY-ST-ZIP Marathon, FL 33050	<table border="1" style="width:100%"> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE		NAME		STREET ADDRESS		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)(l), 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: Stephanie Buckwalter-Stephanie Buckwalter **4/30/06** **610-226-5789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)