

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90239 004 ***150.00

0038769 AV

DOCUMENT # P26086

1. Entity Name
RENTALAND, INC.



Principal Place of Business
695 AIA NORTH 56
PONTE VEDRA BEACH FL 32082
US

Mailing Address
PO BOX 550000
JACKSONVILLE FL 32256
US



2. Principal Place of Business

3. Mailing Address
695 AIA NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
56

City & State

City & State
Ponte Vedra FL

Zip

Country

Zip
32082

Country
ST. Johns

4. FEI Number
56-1441095

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

GUINEYN, M.J.
695 AIA NO. UNIT # 56
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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 ☐ **\$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SD									
	GUINEY, M J	695 AIA NORTH #56	PONTE VEDRA BEACH FL 32082							

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:

M. J. Guiney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-23 904-280-7318
Date Daytime Phone #

CR2E034 (10/02)