

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90027 048 ***150.00

600653



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000009467

1. Entity Name
KYLE DISCOUNT RENTAL, INC.

Principal Place of Business Mailing Address

2173 NORTH STATE RD 7 **2173 NORTH STATE RD 7**
MARGATE FL 33063 **MARGATE FL 33063**
US **US**

2. Principal Place of Business 3. Mailing Address

4960 Coconut Creek Pkwy. Suite, Apt. #, etc.

City & State City & State

COCONUT CREEK FL. **COCONUT CREEK FL.**

Zip Country Zip Country

33063 **Broward** **33063** **FL**

4. FEI Number Applied For

65-0458220 ☐ Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

KIEL, THOMAS
2181 NORTH STATE ROAD 7
2173 N STATE ROAD 7
MARGATE FL 33083

7. Name and Address of New Registered Agent

Name **KIEL, THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

1254 SW 4th Ct.

City State Zip Code

BOCA RATON **FL** **33432**

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.

SIGNATURE **Thomas Kiel** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D			
KIEL, THOMAS			
1254 SW 4TH CT			
BOCA RATON FL 33432			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Kiel** 1/7/01 (954) 979-8551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)