FILED

Feb 11, 2002 8:00 am

DOCUMENT # P9400001021 **Secretary of State** 1. Entity Name ROBERTS' RENTALS OF PASCO, INC. 02-11-2002 90226 035 ***150.00 Principal Place of Business Mailing Address 3654 ELK GROVE COURT 3654 ELK GROVE COURT 404866 LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 2. Principal Place of Business Drive 1660 Settindown Drive 1660 Settendan Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sity & State
Sos well City & State ROSWCI 4. FEI Number Applied For GA GA 59-3221163 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 30075 30075 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUVIL JON L Street Address (P.O. Box Number is Not Acceptable) 301 EAST MERIDIAN AVE. **SUITE 315** DADE CITY FL 33525 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ■ Addition TITLE ☐ Delete TITLE NAME ROBERTS, JEFFREY W NAME 1660 Settindown Drive STREET ADDRESS STREET ADDRESS 3654 ELK GROVE COURT Roswell, GA 30075 CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL 34639 TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAMÉ ROBERTS, GERALDINE S STREET ADORESS STREET ADDRESS 3654 ELK GROVE COURT CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL 34639 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS united a areas a CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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. changed, or on an attachment with an address, with all other like empow

2002 UNIFORM BUSINESS REPORT (UBR)

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