2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006139

1. Entity Name

JOMAR RENTAL COMPANY

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90057 010 ***150.00

C00037691

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
400 S 8TH ST FERNANDINA BEACH FL 32034	400 S 8TH ST FERNANDINA BEACH FL 32034-3610

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3229190 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'BRIEN, JOHN H 400 S 8TH STREET FERNANDINA BEACH FL 32034	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.

SIGNATURE [signature] Chairman CEO John H. O'Brien 3-10-2000

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OBRIEN, JOHN H.	NAME	
STREET ADDRESS	15326 LINDSTROM RD	STREET ADDRESS	
CITY-ST-ZIP	CROSBY TX 77532	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OBRIEN, GLADYS A.	NAME	
STREET ADDRESS	15326 LINDSTROM RD	STREET ADDRESS	
CITY-ST-ZIP	CROSBY TX 77532	CITY-ST-ZIP	
TITLE	SP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OBRIEN, MARK R.	NAME	
STREET ADDRESS	400 S 8TH ST	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	
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 empowerment.

SIGNATURE: [signature] John H. O'Brien 3-10-2000 904-261-2626

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

CR2E034 (9/99)