2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

HOLLYWOOD FL 33024

630 N 68 WAY

UNIFORM BUSINESS REPORT (UBR) P94000016155 DOCUMENT # 1. Entity Name

MENT RENTAL INC.

Principal Place of Business

2. Principal Place of Business

Country

HOLLYWOOD FL 33024

Suite, Apt. #, etc.

City & State

Zip

630 N 68 WAY

FILED Mar 19, 2003 8:00 am Secretary of State

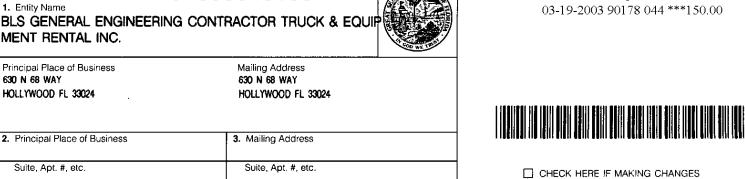
Applied For

\$8.75 Additional

Change

☐ Addition

Not Applicable



4. FEI Number

65-0476322

Country _____ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHURETTE, PENTON BOB M Street Address (P.O. Box Number is Not Acceptable) 630 N 68 WAY HOLLYWOOD FL 33024 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete Change SHURETTE, LAURA M NAME NAME 630 N 68 WAY STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Addition NAME SHURETTE, P NAME STREET ADDRESS 630 N 68 WAY STREET ADDRESS CITY - ST-ZIP HOLLYWOOD FL-33024 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. LEURA M SHURBITE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Sherette 3.14.03. SIGNATURE REQUIRED