

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042680

1. Entity Name

FLORIDA WEST RENTALS, INC.

f

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90015 020 \*\*\*150.00

Principal Place of Business

2801 SKIMMER POINT DR  
GULFPORT FL 33707  
US

Mailing Address

2801 SKIMMER POINT DR  
GULFPORT FL 33707  
US

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

59-3251834

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

MORTON-HICKS, BRIAN S  
2801 SKIMMER POINT DR  
SUITE 101  
GULFPORT FL 33707

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, 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	MORTON-HICKS, BRIAN SEYMOUR	
STREET ADDRESS	2801 SKIMMER POINT DR	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

777-844-2062

Daytime Phone #

CR2E034 (5/00)

Attachment  
# P940004268  
A0078431

**FLORIDA WEST RENTALS, INC.**

2801 Skimmer Point Drive  
Gulfport, FL 33707

September 12, 2000

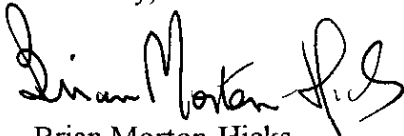
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

I am once again enclosing my 2000 Uniform Business Report that I received from your office this past week upon my return from overseas. I was unaware that you did not receive my original report and \$150 payment sent early this year until receiving this second notice upon my return from vacation. I researched my account and have noted that my original check has yet to clear my bank and I have now stopped payment. I am enclosing, once again, a check in the amount of \$150. This should clear up my account.

Please adjust your records accordingly.

Sincerely,



Brian Morton-Hicks  
President