

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90420 029 ***150.00

DOCUMENT # P95000029077

1. Entity Name
A & A BABY & TODDLER RENTALS, INC.



Principal Place of Business
7556 COVE TERRACE
SARASOTA FL 34231
US

Mailing Address
7556 COVE TERRACE
SARASOTA FL 34231
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 **65-0573282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, KURT F
6624 GATEWAY AVENUE
SARASOTA FL 34231

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KELEIGH, WENDELL	
STREET ADDRESS	7556 COVE TERRACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHUSLER, COURTNEY	
STREET ADDRESS	7556 COVER TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHUSLER, COURTNEY	
STREET ADDRESS	7556 COVE TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLAN, WENDY	
STREET ADDRESS	7556 COVE TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLEE, KRESTON	
STREET ADDRESS	7556 COVE TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chad Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7556 Cove Terrace	
STREET ADDRESS	Sarasota FL 34231	
CITY-ST-ZIP	Sarasota FL 34231	
TITLE	Ronnie Neace	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7556 Cove Terr	
STREET ADDRESS	Sarasota FL 34231	
CITY-ST-ZIP	Sarasota FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

941 521-7688

Daytime Phone #

CR2E034 (10/02)