FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2000 8:00 am Secretary of State OCUMENT # **P95000073829** Entity Name 04-28-2000 90075 019 ***150.00 BCB RENTALS INC. Mailing Address micipal Place of Business 721521 ---- FRONT BEACH RD 15618 FRONT BEACH RD CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413-2506 Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3338357 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARTER, MACK A Street Address (P.O. Box Number is Not Acceptable) 114 BOCA LAGOON DR PANAMA CITY BEACH FL 32407 City Zip Code FL I. 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ITLE ☐ Change ☐ Addition Delete TITLE AME NAME CARTER, MACK A TREET ADORESS STREET ADDRESS 114 BOCA LAGOON DR ITY-ST-7IP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Addition ITLE ☐ Delete TITLE ☐ Change BRADLEY, JOHN H AME NAME TREET ADDRESS 17751 BACK BEACH RD STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP PANAMA CITY BEACH FL 32413 Delete ____ TITLE . Change ☐ Addition BRADLEY, JOHNNY W NAME TREET ADDRESS 17751 BACK BEACH RD STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Change ITLE ☐ Delete ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE Delete TITLE AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Delete Change Addition JILE TITLE AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP 3. 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 explain this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee empow changed, or on an attachment with an activess, with

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