

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000093

1. Entity Name

M D G RENTALS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90014 031 ***150.00

Principal Place of Business

700 S NOVA RD
DAYTONA BEACH FL 32114

Mailing Address

700 S NOVA RD
DAYTONA BEACH FL 32114

646519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

79 TOMOKA MEADOWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL

4. FEI Number

59-3362102

Applied For

Not Applicable

Zip

Country

Zip

32174

Country

U.S.A.

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

JOHNSON, RONALD N
326 S GRANDVIEW AVE
DAYTONA BEACH FL 32118

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 reappointing)

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, 2001 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	DP	☐ Delete
NAME	BARBADO, DOMINIC	
STREET ADDRESS	79 TOMOKA MEADOWS BLVD	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	DST	☐ Delete
NAME	BARBADO, GEORGINA	
STREET ADDRESS	79 TOMOKA MEADOWS BLVD	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 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

DATE

Do Not Print

Georgina Barbado - Barbado (Georgina Barbado - DST) 4/23/01 (386) 252-5914

CR2E034 (10/00)