2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State, P96000051806 DOCUMENT # 1. Entity Name AMERICAN RENTALS, INC. 05-01-2002 91473 012 ***150.00 Principal Place of Business Mailing Address 22864 OVERSEAS HWY 22864 OVERSEAS HWY CUDJOE KEY FL 33042 CUDJOE KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0681046 Not Applicable Zip Country Zip 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 Name SLATER, RICHARD A JR Street Address (P.O. Box Number is Not Acceptable) 22864 OVERSEAS HIGHWAY CUDJOE KEY FL 33042 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition SLATER, RICHARD A JR NAME NAME STREET ADDRESS 22864 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP **CUDJOE KEY FL** CITY-ST-ZIP TITLE DS ☐ Delete TITLE ☐ Change ☐ Addition SLATER, MERRIE A NAME NAME 22864 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUDJOE KEY-FL ---CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with

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

Davtime Phone #

FILED