

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060886

1. Entity Name

A-1 TOOL RENTAL, INC.

Principal Place of Business

200 S. PINE ISLAND ROAD, SUITE 206
PLANTATION FL 33324

Mailing Address

200 S. PINE ISLAND ROAD, SUITE 206
PLANTATION FL 33324-2618

2. Principal Place of Business

2509 S. State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

2509 S. State Rd 7

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33023

Country

USA

City & State

Hollywood FL

Zip

33023

Country

USA

4. FEI Number

65-0680812

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANTOR, STEVEN M
200 S. PINE ISLAND ROAD, SUITE 206
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Joseph Zurawski

Street Address (P.O. Box Number is Not Acceptable)

2509 S. State Rd. 7

Hollywood FL

City

FL

Zip Code

33023

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

Joseph Zurawski

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 \$150.00
After MAY 1, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KANTOR, STEVEN M	
STREET ADDRESS	200 S. PINE ISLAND ROAD, SUITE 206	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOND, ARTHUR	
STREET ADDRESS	941 N. STATE ROAD 7	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM LUMPKIN	
STREET ADDRESS	661 NW 65TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	Owner	<input type="checkbox"/> Delete
NAME	JOSEPH ZURAWSKI	
STREET ADDRESS	12200 PASEO WAY	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Owner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH ZURAWSKI	
STREET ADDRESS	12200 PASEO WAY	
CITY-ST-ZIP	Cooper City FL 33026	
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		
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:

Joseph Zurawski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(954) 961-9250

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)