May 28, 2002 8:00 am & Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000075412 1. Entity Name 05-28-2002 91657 001 ***150.00 MARSTAN RENTING CORPORATION 05-28-2002 91657 002 *****8.75 Principal Place of Business Mailing Address 126 SEAWIND DRIVE 126 SEAWIND DRIVE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address 120 SEAWIND DRIVE 120 SEAWIND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State _ 4. FEI Number Applied For 22-3338340 BEACH SATELLITE BEACH SATELLITE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired M Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENWARD CARRATURA, MARIA A 126 SEAWIND DR SATELLITE BCH FL 32937 SATELLITE BEACH on for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state in 4-29-2002 RESIDENT SIGNATURE X FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE Change TITLE ST EDWARD T CARRATURA MARIA A CARRATURA NAME NAME STREET ADDRESS STREET ADDRESS 126 SEAWIND DR SATELLITE BEACH FL CITY-ST-ZIP SATELLITE BEACH FL CITY-ST-ZIP 32937 TITLE ☐ Delete TITLE ☐ Change **Addition** JOSEPH'NA. CARRATURA NAME NAME 6260 EDSALL ROAD, APT. 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALEXANDRÍA. VA 22312 . Delete . TITLE Change . X Addition TITI F THERESA J. CARRATURA NAME NAME 760 DOWNING STREET STREET ADDRESS STREET ADORESS TEANECK NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE **X** Change **X** Addition TITLE MARY C. CARROLL 90 PASADENA PLACE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

4-29-2002

HAWTHORNE

(321)777-6213

Daytime Phone #

07506

[] Change

☐ Change

☐ Addition

☐ Addition