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☐ Change ☐ Addition

| 2001 UNIFOR | RM BUSII | NESS REPO | RT (UBF | ?) | Sep 06, 200 | | am | 9 |
|--|--|--|---------------------------------------|--------------------------|--|-------------|--|------|
| DOCUMENT # 1. Entity Name RENTAL SHOPPE, INC. | P96000 | 076045 | | i | Secretary 09-06-2001 90010 | of Stat | te | 2 |
| · | | • | | - √ . | | | | |
| Principal Place of Business 1341 JENSEN BCH BLVD JENSON BCH FL 34957 US | | Mailing Address 1165 SW 27TH STREET PALM CITY FL 34990 | | | Diffice of the state of the sta | | 17 88 1 8 111 1 8 8 1 | |
| 2. Principal Blace of Business | - | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | SKEET | Suite, Apt. #, etc. | | | DO NOT WRITE IN T | HIS SPACE | | |
| City & State | PAH | City & State | | 4. | FEI Number 65-0695374 | ————· | pplied For |] |
| 34990 8 | FOIIN | Zip | Country | 5. | Certificate of Status Desired | \$8.75 Add | ot Applicable ditional | 1 |
| 6. Name and Ad | dress of Current Re | egistered Agent | <u> </u> | | Name and Address of New Registe | | <u> </u> | } |
| V. Hallo alla Au | State of California | | Name | | Tunic and Address of New Tregisto | | | 1 |
| SEEGOTT, LARRY 1165 SW 27TH STREET | | | Street Ad | idress (P.O. | Box Number is Not Acceptable) | | | |
| PALM CITY FL 34990 | | | | | | | | 1 |
| TALK SITT PE STOOS | | | City | | | FL Zip Cod | е | |
| 8. The above named entity submit | untro | title if applicable. (NOT | PARY SERRESISTER Agent signature | CCG1 re required when | tt 81 | 28/0 | | |
| This corporation is eligible to satisfy a filing requirement and election (See criteria on back) | | After September 1: Make Check Paya | | \$750.00 | 10. Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | |
| 11. | OFFICERS AND DI | | 12. | Al | ODITIONS/CHANGES TO OFFICERS | | | ١. |
| NAME SEEGOTT, LARRY STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34 | TREET | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | 1000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | 2 |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | aria - Papate Sist Tanage est | STREET ADDRESS | | بيهامات إراب إجوالتم الييا معيود | , emili | | |
| CITY-ST-ZIP IITLE | | ☐ Delete | CITY-ST-ZIP TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME Street address City-St-Zip | | | | | |
| TITLE NAME | 7 | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | | | |

Delete

TITLE

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 treexecule 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 their like empowered.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

| DOCUI | MENT # P 960000 | 76045 | | I DID SEND |
|---|---|---|--|--|
| • | SHOPPE, INC. | | | THIS SANUARY HAVE NOT BEE |
| Principal Place | e of Business | Mailing Address | | The Recipient Recipient |
| 341 Jensen Bo Enson BCH Fl S | | 1165 SW 27TH STREET PALM CITY FL 34990 | | Returned Stave |
| 2. Principal Pl | Place of Business | 3. Mailing Address | | |
| Suite, Apt. | S/W 2719 S1. | Suite, Apt. #, etc. | | HAVE DO NOT WRITE THIS SPOKE () CL |
| PA/M L | CITY FL. | City & State | · | 4. FEI Number 65-0695374 Applied For Not Applicable |
| 3499 | O MARTIN | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Address of Current R | egistered Agent | Name | 7. Name and Address of New Registered Agent |
| 1165 | GOTT, LARRY SW 27TH STREET A CITY FL 34990 | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| I ALIN | 9 DOLE EL 0493U | | 1 | |
| | | , | City | FL Zip Code |
| i Signature _ | | TOS | | stered agent, or both, in the State of Florida. |
| SIGNATURE 9. This corpor Tax filing re | named entity submits this statement is | d title il applicable. (NC | its registered office or regis | stered agent, or both, in the State of Florida. |
| 9. This corpor Tax filing re (See criteri | signature. Seed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOV After MAY 1, 2 Make Check Pays | DTE: Registered office or regis OTE: Registered Agent signature reo. V!!! FEE IS \$150.00 2001 Fee will be \$550.0 | stered agent, or both, in the State of Florida. |
| 9. This corpor Tax filing re (See criteri | signature. Seed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOV After MAY 1, 2 Make Check Pays | DTE: Registered office or regis OTE: Registered Agent signature recu VIII FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of \$ | stered agent, or both, in the State of Fforida. |
| 9. This corpor Tax filing re (See criteri | signature. Seed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND D D SEEGOTT, LARRY 1165 SW 27TH STREET | FILE NOV After MAY 1, 2 Make Check Pays | DTE: Registered office or regis DTE: Registered Agent signature reo. W!!! FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of S 12. TITLE NAME STREET ADDRESS | stered agent, or both, in the State of Florida. |
| 9. This corpor Tax filing re (See criteri 11. ITTLE UMME STREET ADDRESS ITTLE VAME STREET ADDRESS STREET ADDRESS | signature. Seed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND D D SEEGOTT, LARRY 1165 SW 27TH STREET | FILE NOV After MAY 1, 2 Make Check Pays Delete | DTE: Registered office or regis DTE: Registered Agent signature reo. W!!! FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | stered agent, or both, in the State of Florida. |
| 9. This corpor Tax filing re (See criteri 11. ITTLE IMME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS | signature. Seed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND D D SEEGOTT, LARRY 1165 SW 27TH STREET | FILE NOW After MAY 1, 2 Make Check Pays DIRECTORS Delete | DTE: Registered office or regis DTE: Registered Agent signature red. VIII FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of \$ 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | stered agent, or both, in the State of Florida. |
| 9. This corpor Tax filing re (See criteri 11. TITLE VAME STREET ADDRESS | signature. Seed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND D D SEEGOTT, LARRY 1165 SW 27TH STREET | FILE NOW After MAY 1, 2 Make Check Pays DIRECTORS Delete Delete | DTE: Registered office or regis DTE: Registered Agent signature requivalent signature requirement of STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | stered agent, or both, in the State of Florida. |