## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000015377** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** HUNT RENTALS, INC. 01-27-2000 90119 013 \*\*\*150.00 Principal Place of Business Mailing Address 2211 W GAMEFARM ROAD 2211 W GAMEFARM ROAD PANAMA CITY FL 32405 PANAMA CITY FL 32405-5754 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3435890 Not Applicable Country --- Zip. Country. \$8.75-Additional 5. Certificate of Status Desired . . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNT. BERNICE G Street Address (P.O. Box Number is Not Acceptable) 2211 W GAMEFARM ROAD PANAMA CITY FL 32405 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. OP TITLE ☐ Change Addition ☐ Delete TITLE **HUNT, HAROLD** NAME NAME STREET ADDRESS STREET ADDRESS 2211 WEST GAMEFARM ROAD CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32405 ☐ Change ☐ Addition ☐ Delete TITLE HUNT, BERNICE G NAME STREET ADDRESS 2211 WEST GAMEFARM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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BSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat

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: