## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P97000054168 DOCUMENT # 03-31-2003 90156 045 \*\*\*158.75 SOUTHERN RENTALS, INC. Principal Place of Business Mailing Address 866 SW 7TH ST 866 SW 7TH ST HOMESTEAD FL 33030 HOMESTEAD FL 33030 HS 2. Principal Place of Business 3. Mailing Address YRIVATEER **M** CHECK HERE IF MAKING CHANGES Applied For City & State -4. FEI Number 65-0773087 4L JUP ITER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA U5A Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOOS, S. SCOTT ESQ Street Address (P.O. Box Number is Not Acceptable) 15600 SW 288 STREET **SUITE 312** HOMESTEAD FL 33033 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition JOHNSON, RONALD L NAME --NAME 118 PHIVATEER CT. 20011-SW-82 PLACE STREET ADDRESS STREET ADDRESS MIAMI-FL: 33189-JUPITEK, PL 39458 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE **Change** ☐ Addition JOHNSON, MARTHA NAME NAME PHUMPEUR CO. 20011 SW 82 PLACE STREET ADDRESS STREET ADDRESS MIAMLEL 33189 CITY-ST-ZIP D--- --TITLE -- - Delete TITLE \_\_\_ Change Addition THILLY A. JOHNSON NAME NAME STREET ADDRESS STREET ADDRESS 118 PHINATEEL CT CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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 10 or Block 11 if changed, or on an attachment ith an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP