


FILED
Apr 07, 2003 8:00 am
Secretary of State

ΔΙΕΥΘΥΝΣΗ

DOCUMENT # P97000100945

1. Entity Name
LAKERIDGE RENTALS, INC.



Secretary of State
04-07-2003 90116 027 ***150.00

Principal Place of Business
1037 NE 17TH WAY
FORT LAUDERDALE FL 33304

Mailing Address
1037 NE 17TH WAY
FORT LAUDERDALE FL 33304



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2601 NE 29th St
Suite, Apt. #, etc.

City & State
Ft. LAUD. FL

4. FEI Number
65-0799078

Applied For
Not Applicable

Zip
33306

Country
USA

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TANNENBAUM, BRETT
1037 NE 17TH WAY
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE PDST
NAME TANNENBAUM, BRET
STREET ADDRESS 1037 NE 17TH WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33304
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS 2601 NE 29th St
CITY-ST-ZIP Ft LAUDERDALE FL. 33306
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: SIGNATURE REQUIRED
4/1/03 954-566-5733