

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102641

1. Entity Name

RENTAL WIZARD, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90026 017 ***150.00

Principal Place of Business	Mailing Address
8695 COLLEGE PARKWAY 330 FORT MYERS FL 33919	P.O. BOX 07217 FORT MYERS FL 33919-0201

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POWELL, WILLIAM M P.A.
3515 DEL PRADO BLVD.
SUITE 101
CAPE CORAL FL 33904

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA K	
STREET ADDRESS	8695 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KREILINGER, BARBARA	
STREET ADDRESS	8695 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GURLEY, MARK L	
STREET ADDRESS	8695 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KREILINGER, RENATA	
STREET ADDRESS	8695 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	CV	<input type="checkbox"/> Delete
NAME	WOLFANGER, KREILINGER K	
STREET ADDRESS	8695 COLLEGE PKWY	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Kreilinger, CEO 1-7-00/941-437-610