

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90123 041 ***158.75

DOCUMENT # P97000108186

1. Entity Name
DELTONA RENTALS, INC.



Principal Place of Business
**2742 ELKCAM BLVD
DELTONA FL 32738**

Mailing Address
**P.O. BOX 390158
DELTONA FL 32739**



2. Principal Place of Business

3245 N. COURTENAY PKWY

3. Mailing Address

P.O. BOX 540337

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

City & State

Merritt Island

City & State

Merritt Island

Zip

32953

Country

Brevard

Zip

32954

Country

Brevard

4. FEI Number **59-3492217**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BELSHE, GERALD W
3250 ST. JAMES AVE
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name **Belshe, Gerald W.**

Street Address (P.O. Box Number is Not Acceptable)

632 Heather Stone Dr.

City

Merritt Island

FL

Zip Code

32953

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 **Gerald W. Belshe - Pres.**

2/20/03

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 **STVP**
NAME **BELSHE, GERALD W**
STREET ADDRESS **3250 ST. JAMES AVE**
CITY-ST-ZIP **DELTONA FL 32738**

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STVP**
NAME **Belshe, Gerald W.**
STREET ADDRESS **632 Heather Stone Dr.**
CITY-ST-ZIP **Merritt Island, FL 32953**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

Gerald W. Belshe **2/20/03** **479-3663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)