

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051711
 1. Entity Name
EJ RENTALS, INC.

Principal Place of Business: **4510 N OCEAN DRIVE HOLLYWOOD FL 33019**
 Mailing Address: **4510 N OCEAN DRIVE HOLLYWOOD FL 33019**

2. Principal Place of Business / Suite, Apt. #, etc.
 3. Mailing Address / Suite, Apt. #, etc.

City & State / Zip / Country

6. Name and Address of Current Registered Agent
JASON, ERIC Dr Richard Hill
4510 N OCEAN DRIVE HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name: **Richard Hill**
 Street Address (P.O. Box Number is Not Acceptable): **4510 N Ocean Drive**
 City: **Hollywood** FL Zip Code: **33019**

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]* DATE: **9/12/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D JASON, ERIC 4510 N OCEAN DRIVE HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Hill 4510 N. Ocean Dr Hollywood, FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004614551--1 -09/27/01--01099--015 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **9-12-01**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 SEP 25 AM 9:05



DO NOT WRITE IN THIS SPACE

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 CR2E034 (5/01)