

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90004 035 \*\*\*150.00

DOCUMENT #

*PA0000053602*

1. Entity Name:

*RENT TO OWN, INC.*

Principal Place of Business

Mailing Address

*2118 W. CASS ST.  
 TAMPA, FL 33606*

*(SAME)*

2. Principal Place of Business

3. Mailing Address

*(SAME)*

*(SAME)*

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*59-3516906*

Applied For  
 Not Applicable

Zip

Country

*USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

A0072116

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*AMITY BERNHARD  
 2118 W. CASS ST.  
 TAMPA, FL 33606*

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!!**  
**After MAY 1, 2001**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>AMITY BERNHARD</i>	
STREET ADDRESS	<i>3011 TARABROOK DR.</i>	
CITY-ST-ZIP	<i>TAMPA FL 33618</i>	
TITLE	<i>VICE PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>JAMIE RAND</i>	
STREET ADDRESS	<i>16126 BELLE MEADE BLVD.</i>	
CITY-ST-ZIP	<i>ODDSSA FL 33556</i>	
TITLE	<i>SECRETARY/TREASURER</i>	<input type="checkbox"/> Delete
NAME	<i>WHITNEY WHITACRE</i>	
STREET ADDRESS	<i>3135 16TH ST. N.</i>	
CITY-ST-ZIP	<i>ST. PETE, FL 33704</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 empowerments.

SIGNATURE

*Amity Bernhard Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*AMITY BERNHARD*  
 PRESIDENT

*5/1/01*  
 Date

*(813) 259-1540*  
 Daytime Phone #

CR2E034 (1/1/00)