

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name:

RENT TO OWN, INC.

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

05-31-2001 90004 035 ***150.00

Principal Place of Business

Mailing Address

2118 W. CASS ST.
TAMPA, FL 33606

(SAME)

2. Principal Place of Business

(SAME)

3. Mailing Address

(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

DO NOT WRITE IN THIS SPACE

A0072116

6. Name and Address of Current Registered Agent

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

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!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: AMITY BERNHARD
STREET ADDRESS: 3011 TARABROOK DR.
CITY-ST-ZIP: TAMPA FL 33618

TITLE: VICE PRESIDENT
NAME: JAMIE RAND
STREET ADDRESS: 16126 BELLE MEADE BLVD.
CITY-ST-ZIP: DDESSA FL 33556

TITLE: SECRETARY/TREASURER
NAME: WHITNEY WHITACRE
STREET ADDRESS: 3135 16TH ST. N.
CITY-ST-ZIP: ST. PETE, FL 33704

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
☐ Change ☐ 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: AMITY BERNHARD PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMITY BERNHARD
PRESIDENT

Date

Daytime Phone #

5/1/01 259-1540 (813)

CR2E034 (11/00)