## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P98000066315

1. Entity Name



FILED	9
May 01, 2003 8:00 am	8
Secretary of State	
05_01_2003_90252_033_***150_00	•

Principal Place of Equipment   1952 SIM STREET	191H PLA	ACE RENTALS, INC.			E.								
Suite Apt. #, etc.   Suite, Apt. #, etc.   Cy & State   Cy & Spanish To Country   Country   S. Certificate of Status Dealers   S8.75 Additional Pea Required Agent   Cy & Spanish To Cy & Span	1625 20TH ST	REET	1625 20TH STREET										
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Cry & State  Screen Address of Current Registered Agent  Cry & State  North Registered Agent  Cry & State  Cry &	2. Principal F	Place of Business	3. Mailing	. Mailing Address			1	L LEBUSADU 110 JANUA HARA BRIIJ DORIH BURIL BURIA DIINA BRIBA KINAN TIDAL AHIR HADI					
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Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address of New Registe	City & Sta	re	City & State			4. F	65-0866214			<del></del>			
ANDERSON, TIMOTHY K ESQ. 631 U.S. HIGHWAY ONE SUITE 404 N PALM BEACH FL 33408  8. The above named entity submits his statement for the purpose of changing its registered office or registered office or registered appent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering growth and the obligations of registering and the obligations of registering growth and the obligations of registering and the obligations of registering and the obligations of registering growth and the obligation of registering growth and the	Zip	Country	Zip	Zip Country			5. 0	Certificate of Status Desired		8.75 Add	litional		
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SIDERT ADDRESS  OFFICERS AND DIRECTORS  OFFICERS AND D	ANDERSO	IN TIMOTHY K ESO				<u> Dev</u>	1150	e M. Piec	ryn	ski	DMO		
R. 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 registering register from a manufacture of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering registering registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering registering agent, or both, in the State of Florida. I am familiar with, and accept the provided provided in applicable.    FILE NOW!!! FEE IS \$150.00					Stre	et Address (	P.O. Bo	ox Number is Not Acceptable	e)				
B. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registering significant and registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registering significant and registering significant and registering significant and registering significant and accept the obligations of registering significant agents. It is not registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registering agent. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligations of registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents. It is not state to the obligation and registering agents agen						1625	<u> </u>	20th St	veet				
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ARTHER MAY 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE	SIGNATURE Signature, typed or printed name of registered alternment little if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
After May 1, 2003 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees    10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.    TITLE   DPECZYNSKI, DENISE M DMD   Belate   TITLE   MAME   MAME   MAME   MAME   MAME   MAME    TITLE   DBROWN, JEFFREY M DMD   Delate   TITLE   MAME   MAME	, , · F	ILE NOW!!! FEE IS \$150.00				<u> </u>		9. Election Campaign Fi	nancing	\$5.0	O May Ro		
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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:

<u>SIGNATURE REQUIRED</u>

Date

Daytime Phone #