

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 02, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000074870****1. Entity Name****SIMPLE PLEASURE ISLAND RENTALS INC.****Principal Place of Business**

2116 LADY DI LANE

JACKSONVILLE  
32246

FL

**Mailing Address**

2116 LADY DI LANE

JACKSONVILLE  
32246

FL

**2. Principal Place of Business**

7835 QUIDA DRIVE

**3. Mailing Address**

7835 QUIDA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WEST PALM BEACH

FL

**City & State**

WEST PALM BEACH

FL

**4. FEI Number****59-3539365****Applied For****Not Applicable**Zip  
33411

Country

Zip  
33411

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**POUCHER ALLEN LJR.  
320 EAST ADAMS STREETJACKSONVILLE  
32202

FL

US

**7. Name and Address of New Registered Agent****Name**

BRASWELL GLENN R

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

7835 QUIDA DRIVE

**City**

WEST PALM BEACH

**FL****Zip Code**  
33411**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 GLENN R. BRASWELL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**08/02/2000**

DATE

**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 \$150.00**  
**After MAY 1, 2000 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL SUSIE E	
STREET ADDRESS	2116 LADY DI LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL GLENN R	
STREET ADDRESS	2116 LADY DI LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRASWELL SUSIE E		
STREET ADDRESS	7835 QUIDA DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRASWELL GLENN R		
STREET ADDRESS	7835 QUIDA DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 empowered.****SIGNATURE: Glenn R. Braswell****08/02/2000**