Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90079 003 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P98000	089937			
P & U RENTALS, INC.					
	-				
Principal Place	of Business	Mailing Address		-	18)(8 40000 12101 1000 1 <b>0</b> 01
101 3RD STREE		101 3RD STREET		•	,
UNIT 1 UNIT 1					, ,
FORT MYERS FL 33907-2453 FORT MYERS FL 33907-2453			3	DO NOT WRITE IN THIS SPA	ACE
				3. Date Incorporated or Qualifed 10/22/1998	<del>, ,</del>
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0872 068	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			8.75 Additional
22		27		5. Certificate of Status Desireo ,	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangi	
24	[25]		30	1 Craotiai i ibporti i axi	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Age	nt
AME	RILAWYER		81 Name		
1	ALMERIA AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83		
)	AL CADELO I E GOTOT		03		
	1	•	84 City	FL. 8	5 Zip Code
44 5		and 607 1509. Elorido Statutos	the above named core	paration submits this statement for the ournose of chair	nging its registered
office or fi	egistered agent, or both, in the State c	if Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the appointment	ent as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 8	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	PURINGTON, RICHARD		12 NAME		
STREET ADDRESS	101 3RD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907-2453		14 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		Change
NAME	UNVERZAGT, MICHAEL		2.2 NAME		
STREET ADDRESS	101 3RD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907-2453		2. 4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_		34 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change  Addition
NAME			5.2 NAME	•	
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	5.4 CITY-ST-ZIP		10h
TITLE		☐ DELETE	6.1 TITLE	. L	Change Addition
NAME			6.2 NAME		
STREET ADDOCCO			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or each attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS