

2001 UNIFORM BUSINESS REPORT (UBR)

08-13-2001 90001040 150:00

FILED L59183

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # <u>P99 000004009</u> 1. Entity Name H2O RENTAL SERVICES, INC | | | | 4. FEI Number 65-0886757 Applied For <input type="checkbox"/> Not Applicable | |
| Principal Place of Business 4158 DORN RD SUMMERLAND KEY FL 33042 | | Mailing Address 4158 DORN RD SUMMERLAND KEY FL 33042 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 2. Principal Place of Business 183 BARRY AVE Suite, Apt. #, etc. | | 3. Mailing Address N/A Suite, Apt. #, etc. | | 6. Name and Address of Current Registered Agent COSS, GILBERT 4158 DORN RD SUMMERLAND KEY FL 33042 | |
| City & State LITTLE TORCH KEY FLA Zip 33042 | | City & State FL Zip 33042 | | 7. Name and Address of New Registered Agent Name MARTIN L BISHOP Street Address (P.O. Box Number is Not Acceptable) 3420 DORN RD City BIG TORCH KEY FLA State FL Zip Code 33042 | |
| 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 <u>Martin L Bishop</u> DATE <u>8-7-01</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> | | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE V NAME COSS, GILBERT STREET ADDRESS 4158 DORN RD CITY-ST-ZIP SUMMERLAND KEY FL 33042 | <input type="checkbox"/> Delete | | TITLE P NAME BISHOP, MARTIN STREET ADDRESS DORN ROAD CITY-ST-ZIP BIG TORCH KEY FL 33042 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE P NAME BISHOP, MARTIN STREET ADDRESS DORN ROAD CITY-ST-ZIP BIG TORCH KEY FL 33042 | <input type="checkbox"/> Delete | | TITLE P NAME BISHOP, MARTIN STREET ADDRESS DORN ROAD CITY-ST-ZIP BIG TORCH KEY FL 33042 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>MARTIN L BISHOP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>8-7-01</u> <small>Daytime Phone #</small> | | |

CR2034 (5/01)