

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023278

1. Entity Name  
ITC RENTS, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90308 017 \*\*\*150.00

Principal Place of Business

Mailing Address

4196 HERSCHEL STREET  
JACKSONVILLE FL 32210

4196 HERSCHEL STREET  
JACKSONVILLE FL 32210-2260

2. Principal Place of Business

3. Mailing Address

6870 Phillips Hwy.  
Suite, Apt. #, etc.

6870 Phillips Hwy.  
Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32216

Duval

32216

Duval

4. FEI Number

59-3565271

Applied For

Not Applicable

5. 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

YONG, FRANK J  
1050 RIVERSIDE AVE  
JACKSONVILLE FL 32201

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!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	Cassidy, Richard C., Jr.	
STREET ADDRESS	6870 Phillips Hwy.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Cassidy, John	
STREET ADDRESS	4196 Herschell St.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	A. Don Walton	
STREET ADDRESS	6870 Phillips Hwy.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cassidy, Richard C., Sr.	
STREET ADDRESS	4646 Algonquin Ave.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cassidy, Carol T.	
STREET ADDRESS	4646 Algonquin Ave.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Delete
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		
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)