

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-08-2000 90173 020 ***150.00

DOCUMENT # P99000046020

1. Entity Name

INTRASTATE RENTALS, INC.

Principal Place of Business

918 ROOSEVELT AVE
 LEHIGH ACRES FL 33972

Mailing Address

918 ROOSEVELT AVE
 LEHIGH ACRES FL 33972-3427

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0920918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, THOMAS J JR
4575 VIA ROYALE
SUITE 206
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name **BOWERS, ROBERT L.**
 Street Address (P.O. Box Number is Not Acceptable)
23 COLORADO RD
 City **LEHIGH** FL Zip Code **33936**

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

Robert Bowers

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PRES
DARRYL V. STUMBO
918 ROOSEVELT AVE
LEHIGH, FL 33972

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, without other like empowered.

SIGNATURE:

Darryl V. Stumbo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
 Date

941-332-7223
 Daytime Phone #

CR2E034 (9/99)