

**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)