2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P99000048564 1. Entity Name RENTAL WORLD, INC. 03-22-2000 90064 023 ***150.00 Mailing Address Principal Place of Business 3101-MCCOY-ROAD 3101 MCCOY ROAD ORLANDO FL 32812 ORLANDO FL 32812-4857 3. Mailing Address 2. Principal Place of Business 58 S. Semoran Blvd. 158 S. Semoran DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number 3581806 City & State Frozida Orland Orlando. Not Applicable 32807 \$8.75 Additional 5. Certificate of Status Desired USA 32807 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GARIP. FELIPE JR S101 MCCOY ROAD GRLANDO FL 32812 Zip Code 807 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. FILE NOW!!!-FEE IS:\$150.00 --- --9. This corporation is eligible to satisfy its Intangia 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. PRESIDENT DIRECTOR Change ☐ Addition TITLE ☐ Delete TITLE FELIPE GARIP, JR NAME NAME 158 s. Semoran Blud STREET ADDRESS STREET ADDRESS ORIANDO, FORIDA 32807 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT DIRECTOR ☐ Addition ☐ Delete TITLE Change TITLE FEUPE GARID, SR. NAME NAME 158 S. SEMORAN BLUD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLAND, FL 32807 Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered. SIGNATURE: 🗻 GNATURE AND YPED OF PRINTED NAME OF SIGNING OF