

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048571

1. Entity Name  
SUGARLAND RENTALS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
03-06-2000 90084 021 \*\*\*150.00

Principal Place of Business  
1610 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406

Mailing Address  
1610 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406-3242

2. Principal Place of Business  
1324 S. MAIN ST.  
Suite, Apt. #, etc.

3. Mailing Address  
1324 S. MAIN ST  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Belle Glade, FL  
Zip  
33430  
Country  
USA

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Belle Glade, FL  
Zip  
33430  
Country  
USA

4. FEI Number  
59-3549287  
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

HOFFMAN, ALLAN L  
1610 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406

Name  
CALVIN D. ALSTON  
Street Address (P.O. Box Number is Not Acceptable)  
1324 S. MAIN ST  
City  
Belle Glade FL Zip Code  
33430

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 *Calvin D. Alston* CALVIN D. ALSTON 2-29-00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ALLAN L 1610 SOUTHERN BLVD. WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Dir. H.E. Hill 1324 S. MAIN ST. Belle Glade, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Dir. CALVIN D. ALSTON 1324 S. MAIN ST Belle Glade, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Mona L. Miller 1324 S. MAIN ST Belle Glade, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Calvin D. Alston* CALVIN D. ALSTON 2-29-00 561-996-4524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)