

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90484 016 ***150.00

DOCUMENT # P99000061571

1. Entity Name

SPLASH RENTALS, INC.

Principal Place of Business

**10577 ROCKET BLVD., STE. A
 ORLANDO FL 32824
 US**

Mailing Address

**10577 ROCKET BLVD., STE. A
 ORLANDO FL 32824
 US**

2. Principal Place of Business

875 CENTRAL FLORIDA PKWY

3. Mailing Address

P.O. BOX 770658

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32824

Country

USA

Zip

32877-0658

Country

USA

4. FEI Number

59-3587023

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

ANASTASIA, MARK

**10577 ROCKET BLVD., STE. A
 ORLANDO FL 32824**

Name **HAYES, BRIAN**

Street Address (P.O. Box Number is Not Acceptable)

875 CENTRAL FLORIDA PARKWAY

City **ORLANDO**

FL

Zip Code **32824**

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] **PRESIDENT**

BRIAN HAYES

4/30/02

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, 2002 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 **D** ☐ Delete
 NAME **ANASTASIA, MARK**
 STREET ADDRESS **10577 ROCKET BLVD., STE. A**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Delete
 NAME **HAYES, BRIAN**
 STREET ADDRESS **10577 ROCKET BLVD, STE A**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **P** ☒ Change ☐ Addition
 NAME **HAYES, BRIAN**
 STREET ADDRESS **875 CENTRAL FLORIDA PARKWAY**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **VP** ☐ Change ☒ Addition
 NAME **BROOKS, STEVE**
 STREET ADDRESS **875 CENTRAL FLORIDA PARKWAY**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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:

[Signature] **BRIAN HAYES, PRESIDENT**

4/30/02

(407) 438-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0107372 AV

CR2E034 (9/01)