

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063692

1. Entity Name

SCOTT HSU RENTALS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90165 030 \*\*\*150.00

Principal Place of Business

Mailing Address

111 ALAN A DALE DR.  
NICEVILLE FL 32578

111 ALAN A DALE DR.  
NICEVILLE FL 32578-2107

2. Principal Place of Business

339 John Sims Pkwy

Suite, Apt. #, etc.

3. Mailing Address

3585 Marvin street

Suite, Apt. #, etc.

City & State

NICEVILLE FL

City & State

SANTA MARIA CA 93455

Zip

32578

Country

OKALOOSA

Zip

93455

Country

SANTA Barbara

4. FEI Number

59-3589709

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WENTZ, AARON B ESQ  
222 GOVERNMENT ST., STE. D  
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name WENTZ, AARON B ESQ

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

#4 11th Avenue

City Shalimar

FL

Zip Code 32579

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

Aaron B. Wentz

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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	D	<input type="checkbox"/> Delete
NAME	HSU, LEE ING	
STREET ADDRESS	111 ALAN A DALE DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	HSU, TUNG CHING	
STREET ADDRESS	111 ALAN A DALE DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HSU, LEE ING	address
STREET ADDRESS	3585 marvin street	
CITY-ST-ZIP	Santa maria CA 93455	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HSU, TUNG CHING	address
STREET ADDRESS	3585 marvin street	
CITY-ST-ZIP	Santa Maria CA 93455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lee Ing Hsu HSU, LEE ING

Date

4/25/2000

Daytime Phone #

CR2E034 (9/99)