		FORM BUSII # P990000		DRT	(UBI	R)	^{5/.} FII Jul 19, 20	LED 00 8:	00 an
. Entity Nan	ne	DUIPMENT RENTALS,			ß		Secretar 05-22-2000 90	y of S	State
		<u></u>	àir.				03-22-2000 90	131 039	150.00
rincipal Plac	ce of Busines	3	Mailing Address						
17 J & C BI Aples FL 34			1817 J & C BLVD NAPLES FL 34109-1800						
Dissign	Place of Busir		3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc.					19 11 - 119 - 1 16 - 11	(04) (00) (00)
		<u> </u>					<u> </u>		- North Tax
City & Stat	te		City & State				El Number 19-3620646		oplied For ot Applicable
Zip		Country	Zip	Cour	ntry	5. (Certificate of Status Desired	\$8.75 Ad	
	6. Name	and Address of Current Re	gistered Agent		Name	7.	Name and Address of New Registered		
CASEY, PATRICK B J.D.CPA							<u> </u>		
STE 2209, PROFESSIONAL CENTER 9240 BONITA BEACH ROAD					Street A	daress (P.O. 8	ox Number is Not Acceptable)		
					·				
BONITA SPRINGS FL 34135					City		FL ^{Zip Code}		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St DIRECTORS 12.			t of State	10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS AN	Addex	10 May Be 3 to Fees S IN 11
• ILE	D	OFFICERS AND DI				AU	DITIONS/CHANGES TO OFFICERS AN	Change	Addition
ime Reet address ry-st-zip	JOHNSON 1817 J & NAPLES		-		IE EET ADDRESS (-st-zip				
	INVELES I	FL 34109	🛄 Delete	m				Change	Addition
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Y-ST-ZIP	 			CITI	(-ST-ZIP				
ile Me Reet address	Delete				e Le Eet address			📋 Change	Addition
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METADASS 19 STAL OUSSON					IE EET ADDRESS				}
IY-ST-ZIP				CITY	-ST-ZIP		·····		
of the co	l on this repor rooration or th	a information supplied with th t or supplemental report is the receiver or trustee empower achment with an address, with	e and accurate and that, red to execute this report	my signa Nas requi	mption stat ture shall h red by Cha	ed in Section ave the same I pter 607, Florid	119.07(3)(i), Fiorida Statutes. I further ci egal effect as if made under cath; that i da Statutes; and that my name appears	artify that the id arn an officer in Block 11 or	formation or director Block 12 if
SIGNAT	TURE: _	- alinotti	12X DA	1750	22		5/1/00	Denvis	
		SIGNATORE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER	OR DIREC	TOR		1 Data U	Daytime Phone #	

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