

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90353 032 ***150.00

DOCUMENT # **P 99000 104226**

1. Entity Name

Rent A Son, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3455 Seabreeze Dr

Suite, Apt. #, etc.

Pensacola FL

3. Mailing Address

Rent A Son Inc

Suite, Apt. #, etc.

3455 Seabreeze Dr

City & State

Pensacola FL

DO NOT WRITE IN THIS SPACE

Zip **32503**

Country **U.S.**

Zip **32503**

Country **U.S.**

4. FEI Number

593612127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Michael J Niesen**

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

3485 Seabreeze Dr

City **Pensacola**

FL

Zip Code **32503**

**DO NOT WRITE
IN THIS SPACE**

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 **Michael J Niesen**
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) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **Pres.**
NAME **Jawell C. Niesen**
STREET ADDRESS **3455 Seabreeze Dr. Pensacola FL**
CITY-ST-ZIP **32503**

TITLE **Vice Pres.**
NAME **Michael J. Niesen**
STREET ADDRESS **3485 Seabreeze Dr. Pensacola FL**
CITY-ST-ZIP **32503**

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

Michael J Niesen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

439 9099
Daytime Phone #