


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90285 032 \*\*\*150.00

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<b>DOCUMENT #</b> P99000104226	
<b>1. Entity Name</b> RENT A SON, INC.	

<b>Principal Place of Business</b> 3455 SEABREEZE DRIVE PENSACOLA FL 32503	<b>Mailing Address</b> 3455 SEABREEZE DRIVE PENSACOLA FL 32503
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<b>2. Principal Place of Business</b> 3485 Seabreeze Dr.	<b>3. Mailing Address</b> 3485 Seabreeze Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Pensacola FL	<b>City &amp; State</b> Pensacola FL	<b>4. FEI Number</b> 59-3612127	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b> 32503	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  NIESEN, JEWELL C 3455 SEABREEZE DRIVE PENSACOLA FL 32503	<b>7. Name and Address of New Registered Agent</b> Name: Michael J. Niesen Street Address (P.O. Box Number is Not Acceptable): 3485 Seabreeze Drive City: Pensacola FL Zip Code: 32503
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**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: *Michael J. Niesen* DATE: 8/9/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIESEN, JEWELL C 3455 SEABREEZE DRIVE PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIESEN, MICHAEL 3485 SEABREEZE DRIVE PENSACOLA FL 32503 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Michael J. Niesen* **8/9/03** **850-439-9099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)