## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$43645** Apr 25, 2000 8:00 am Secretary of State BONZAI RENTALS, INC. 04-25-2000 90131 007 \*\*\*150.00 Principal Place of Business Mailing Address 5610 S. WAGON DR. 5610 S. WAGON DR. PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 日 ひひりひり はず 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3058437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1)\$4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHORES, CATHERINE FITZ (P.O. Box Number is Not Acceptable) 210 HAMILTON AVENUE PANAMA CITY FL 32401 8. The above named of the submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Delete TITLE TITLE PD FITZSIMONS, SAMUELG. IV NAME NAME FITZSIMONS, SAMUEL G. IV 3725 Delwood Dr. STREET ADDRESS STREET ADDRESS 6541 N. LAGOON DRIVE Panama City Bob. FE 32408 CITY-ST-7IP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 X Change Addition ☐ Delete TITLE SHORES, CATHERINE F. NAME SHORES, CATHERINE FITZ NAME 1914 Dewitt Street STREET ADDRESS 210 HAMILTON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32401 PANAMA CITY FL 32401 Panama City FZ ... Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 of truetipe imposed of the corporation of the receiver of truetipe imposed of the corporation of the receiver of truetipe imposed of the corporation of the receiver of truetipe imposed of the receiver of truetipe imposed of the receiver of truetipe imposed of the receiver of the receiver of truetipe imposed of the receiver of of the corporation or the receiver or changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP