

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90035 001 ***150.00

DOCUMENT # S66197

1. Entity Name

B & K RENTAL COMPANY

Principal Place of Business

**6 LAKEVIEW PLACE
P.O. BOX 2186
ANNA MARIE FL 34216
US**

Mailing Address

**PO BOX 1369
P.O. BOX 2186
ANNA MARIE FL 34216
US**

2. Principal Place of Business

36815 Center Ave
Suite, Apt. #, etc.

3. Mailing Address

36815 Center Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Dade City, FL

City & State

Dade City, FL

4. FEI Number

59-3088045

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLSWORTH III, W WM
6 LAKEVIEW PLACE
ANNA MARIA FL 34216**

7. Name and Address of New Registered Agent

Name

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

36815 Center Ave

Dade City

FL

Zip Code

33525

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

W Wm Ellsworth III

1/25/01

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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	DVP	<input type="checkbox"/> Delete
NAME	ELLSWORTH, KENT C.	
STREET ADDRESS	3375 CREWSHAKE DR	
CITY - ST - ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELLSWORTH, W. WM., III	
STREET ADDRESS	6 LAKEVIEW PLACE	
CITY - ST - ZIP	ANNA MARIA FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	36815 Center Ave	
CITY - ST - ZIP	Dade City, FL 33525	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	36815 Center Ave	
CITY - ST - ZIP	Dade City, FL 33525	
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:

W Wm Ellsworth III

1/25/01 (963) 678-3460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)