


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # S83220 1. Entity Name RENTEX RENTALS, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 1250 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 | Mailing Address 1250 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 |
|--|--|



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0289503 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent MYERS, JAMES 1250 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 |
|---|

| |
|---------------------------------------|
| 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MYERS, JAMES 2009 W DR W PALM BCH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T UVANILE, JOSEPH 1250 OLD DIXIE HWY LAKE PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P UVANILE, JOSEPH 1250 OLD DIXIE HWY LAKE PARK, FL 33403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|--|
| <p>U00000361252 05/05/05-80069-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|--|

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: Joseph Uvanile JOSEPH UVANILE 4/22/05 561-848-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #