

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05577

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90072 003 \*\*\*158.75

1. Entity Name

**SOUTHWEST FLORIDA RENTAL CORPORATION**

Principal Place of Business

Mailing Address

% THOMAS W. AYOUB  
 946 PINE ISLAND RD., N.E.  
 CAPE CORAL FL 33909  
 US

% THOMAS W. AYOUB  
 9812 CUDDY COURT  
 FORT MYERS FL 33919-3174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0306901**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYOUB, THOMAS W.  
 9812 CUDDY COURT  
 FORT MYERS FL 33919

Name **Ayoub, DeBRA R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9812 Cuddy Ct.**  
 City **Fort Myers, FL** Zip Code **33919**

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 \_\_\_\_\_ (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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	AYOUB, THOMAS W.	
STREET ADDRESS	9812 CUDDY COURT	
CITY-ST-ZIP	FORT MYERS 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ayoub, DeBRA R.	
STREET ADDRESS	9812 Cuddy Ct.	
CITY-ST-ZIP	Fort Myers, FL 33919	
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		
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: *Thomas W. Ayoub* 4/30/2000 941-768-6393  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)