2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # V19431** EQUIPMENT RENTAL OF JACKSONVILLE, INC. 04-05-2001 90091 017 ***150.00 Principal Place of Business Mailing Address 4579 LENOX AVE 4579 LENOX AVE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 C0042535 2. Principal Place of Business 3. Mailing Address SWET ANDU COLIC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3109808 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ve_\ トヘク Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~~ Name FAIRCHILD, RONALD D. Street Address (P.O. Box Number is Not Acceptable) 701 FISK STREET **SUITE 310** JACKSONVILLE FL 32204 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE MANGE, JOSEPH W JR. NAME STREET ADDRESS 4579 LENOX AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32205 Change TITLE ☐ Delete TITLE MANGE, JOANN NAME NAME STREET ADDRESS STREET ADDRESS 4579 LENOX AVE CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE FL 32205 Change ~ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete · TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (10/00)

Daytime Phone #