

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48412

1. Entity Name

ISLAND RENT-ALL & SALES COMPANY

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90029 004 ***550.00

Principal Place of Business

Mailing Address

~~800 E. ELKCAM CIR.~~
~~SUITE #3~~
~~MARCO ISLAND FL 33937~~
~~US~~

~~800 E. ELKCAM CIR.~~
~~SUITE #3~~
~~MARCO ISLAND FL 34113-7769~~
~~US~~

2. Principal Place of Business

11315 E. TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

11315 E. TAMiami TRAIL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-9354301

Applied For

Not Applicable

Zip

34113

Country

COLLIER

Zip

34113

Country

COLLIER

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILBERS, MICHELLE H.
801 E. ELKCAM CIR.
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name: Jeffrey D. Fridkin
Street Address (P.O. Box Number is Not Acceptable): 5551 Ridgewood Swite 501
City: Naples FL Zip Code: 34108

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

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: DP
NAME: BECKER, BRANT W.
STREET ADDRESS: 800 ARCADIA COURT
CITY-ST-ZIP: MARCO ISLAND FL ☐ Delete

TITLE: DT
NAME: BECKER, MARYANN
STREET ADDRESS: 800 ARCADIA COURT
CITY-ST-ZIP: MARCO ISLAND FL ☐ Delete

TITLE: DV
NAME: BECKER, BRANT-J.
STREET ADDRESS: 261 2ND AVENUE, APT. B
CITY-ST-ZIP: MARCO ISLAND FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 8954 LELY ISLAND CIR
CITY-ST-ZIP: NAPLES, FL 34113

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 8954 LELY ISLAND CIR.
CITY-ST-ZIP: NAPLES, FL 34113

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 1278 BLUEBIRD AVE
CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G.M. 1/18/00 941-732-5151