## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # H46727** 1. Entity Name PUNTA GORDA RENT-ALL AND SALES CO., INC. 05-02-2001 90083 032 \*\*\*150.00 Principal Place of Business Mailing Address % CHARLES E. MANTLE JR. % CHARLES E. MANTLE JR. 25115 MARION AVE 25115 MARION AVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2502735 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANTLE, CHARLES E. JR. Street Address (P.O. Box Number is Not Acceptable) 25115 MARION AVE **PUNTA GORDA FL 33950** Zip Code ٤. 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition CD TITLE ☐ Delete TITLE CASKEY, JOHN W. JR. NAME NAME 2595 TARPON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Change Addition PD Delete TITLE TITLE MANTLE, CHARLES E. JR. NAME NAME STREET ADDRESS 141 DANFORTH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE MANTLE, SUZANNE E. NAME NAME STREET ADDRESS STREET ADDRESS 141 DANFORTH DRIVE CITY-ST-ZIP CITY-ST-ZIP Punta Gorda Fli ★ Addition TITLE Change ☐ Delete TITLE NAME TIMOTHY D. MAUTLE NAME STREET ADDRESS 9081 JUISS BLYD STREET ADDRESS CITY-ST-ZIP PUNTA GULLAN FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR