

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90976 042 ***150.00

069047 AV

DOCUMENT # **P95000038353**



1. Entity Name
S.A.A.L., RENTALS, INC.

Principal Place of Business
**1299 SW 34TH ST.
PALM CITY FL 34990**

Mailing Address
**1299 SW 34TH ST.
PALM CITY FL 34990**



2. Principal Place of Business
16031 MAGNOLIA CR. LN.
Suite, Apt. #, etc.

3. Mailing Address
16031 MAGNOLIA CR. LN.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MONTVERDE, FL
Zip
34756
Country
LAKE

City & State
MONTVERDE FL
Zip
34756
Country
LAKE

4. FEI Number **65-0587343**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BELL, JAMES L
1299 SW 34TH ST.
PALM CITY FL 34990~~

7. Name and Address of New Registered Agent

Name
WARD A. LIEBI
Street Address (P.O. Box Number is Not Acceptable)
16031 MAGNOLIA CR. LN.
City
MONTVERDE FL Zip Code
34756

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 *Ward A. Liebi* **WARD A. LIEBI** DATE **4/28/03**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, JAMES L	
STREET ADDRESS	1299 SW 34TH ST.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBI, WARD A	
STREET ADDRESS	1299 SW 34TH ST.	
CITY-ST-ZIP	PALM CITY FL 34990	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBI, WARD A.	
STREET ADDRESS	16031 MAGNOLIA CR. LN.	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHN, DAVID	
STREET ADDRESS	16101 MAGNOLIA CR. LN.	
CITY-ST-ZIP	MONTVERDE FL 34756	
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		

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: *Ward A. Liebi* **WARD A. LIEBI** DATE **4/28/03** 407-399-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)