

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471669

1. Entity Name

SEBRING LEASING & RENT-A-CAR, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 043 ***150.00

C0057215

Principal Place of Business

449 PARK STREET
SEBRING, FL 33870

Mailing Address

449 PARK STREET
SEBRING, FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1579872

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLACKMAN, J. TIMOTHY
449 PARK STREET
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2001 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 = ☐ Delete
NAME BLACKMAN, J. TIMOTHY
STREET ADDRESS 2808 SUNRISE DRIVE
CITY-ST-ZIP SEBRING, FL 33872

TITLE STD ☒ Delete
NAME BRYANT, NA FAYE
STREET ADDRESS 302 SPARROW AVE.
CITY-ST-ZIP SEBRING, FL 33872

TITLE VD ☐ Delete
NAME BLACKMAN, GARY
STREET ADDRESS 1839 SE LAKEVIEW DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6601 SPARTA ROAD
CITY-ST-ZIP SEBRING, FL 33875

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2639 CHICAGO AVENUE
CITY-ST-ZIP SEBRING, FL 33870

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

Date

(863) 471-2240

Daytime Phone #

CR2E034 (11/00)