

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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 003 ***150.00

DOCUMENT # P02000054128

1. Entity Name

ACTION AUTO SALES AND RENTAL, INC.



DO NOT WRITE IN THIS SPACE

94068148

2. Principal Place of Business
1420 42nd Street NW

3. Mailing Address
1420 42nd St. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Winter Haven, FL

4. FEI Number
75-3060758

Applied For
Not Applicable

Zip
33881

Country

Zip
33881

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Eunice Wright

Street Address (P.O. Box Number is Not Acceptable)
1420 42nd Street NW

City Winter Haven, FL 33881

City Winter Haven FL Zip Code 33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Wright, Eunice 140 Mirror Lane Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Wright, Thomas 140 Mirror Lane Winter Haven, FL 33881
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Eunice Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 . 863/967-5283

Date

Daytime Phone #

CR2E034B (12/02)