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

of the corporation or the receiver or trusted changed, or on an attachment with an add

SIGNATURE:

Apr 07, 2003 8:00 am Secretary of State P96000064706 DOCUMENT # 1. Entity Name 04-07-2003 90939 041 ***150.00 BEST BUY RENT-A-CAR, INC. Principal Place of Business Mailing Address 8440 BAY PINES BLVD 8440 BAY PINES BLVD ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3402870 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFREY T FETT. JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 8440 BAY PINES BLVD ST PETERSBURG FL 33709 ST. PETERSBURG The above named entity submits this 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 registers SIGNATURE ed title il applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD Delete TITLE Change ☐ Addition fett, Joseph M NAME NAME 8440 BAY PINES BLVD STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP **VSD** 🛣 Delete TITLE Change ☐ Addition TITLE NAME FETT, PAMELA L NAME 8440 BAY PINES BLVD STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP $\mathcal{D}, \mathcal{P}, \mathcal{T}$ TITLE Addition C Delete TITLE HYNES JEFFREY T. JEFFREY T. NAME HYNES NAME 8440 BAY AINES BLUD. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL. 33709 CITY-ST-ZIP CITY-ST-78P ☐ Change **X**Addition ☐ Delete TITLE HYNES, KRISTINA R. NAME NAME BY40 BAY PINES BLUD STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL. 337 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appropriate 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 the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee.

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