

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295280

1. Entity Name
SLATON RENT-A-CAR COMPANY

Principal Place of Business
**1595 N. FEDERAL HIGHWAY
FT LAUDERDALE FL 33304**

Mailing Address
**1595 N. FEDERAL HIGHWAY
FT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

PO Box 158

Suite, Apt. #, etc.

2545 E. SUNRISE BLVD

City & State

FT LAUDERDALE FL

Zip
33304

Country

BROWARD

4. FEI Number **59-1109722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAIR, JOHN J.
1595 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304**

Name

CHERI L. SLATON

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

1595 N FEDERAL HWY

City

FORT LAUDERDALE

FL

Zip Code

33304

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

4-15-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ADAIR, JOHN**
STREET ADDRESS **1595 N FEDERAL HWY**
CITY-ST-ZIP **FORT LAUDERDALE, FL00000**

TITLE **PD** ☐ Change ☒ Addition
NAME **SLATON, CHERI**
STREET ADDRESS **1595 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

4-15-01

(954) 941-9670



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)