

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90122 050 ***150.00

DOCUMENT # 421770

1. Entity Name

KELLEY RENT-A-CAR SYSTEM, INC.

Principal Place of Business

Mailing Address

~~3010 W. PATRICK ST.~~
KISSIMMEE FL 34741

~~3010 W. PATRICK ST.~~
KISSIMMEE FL 34741-5970

2. Principal Place of Business

301 DYER BLVD.

3. Mailing Address

301 DYER BLVD.

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

4. FEI Number **59-1447040**

Applied For

☐ Not Applicable

Zip
34741

Country **USA**
OSCEOLA

Zip
34741

Country **USA**
OSCEOLA

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

~~PRETSCH, ERNEST~~
1517 COLONY AVE
KISSIMMEE FL 34744

Name **JEANNE P. BIRKS**

Street Address (P.O. Box Number is Not Acceptable)
834 LONG BAY CT.

City **KISSIMMEE** **FL** Zip Code **34741**

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 *Jeanne P. Birks* **JEANNE P. BIRKS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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, 2000 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 **PRETSCH, ERNEST**
STREET ADDRESS **1517 COLONY AVE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **PRETSCH, ERNEST**
STREET ADDRESS **834 Long Bay Ct.**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **VSD** ☐ Delete
NAME **PRETSCH-BIRKS, JEANNE**
STREET ADDRESS **834 LONG BAY COURT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **SD** ☒ Change ☐ Addition
NAME **BIRKS, ROBERT**
STREET ADDRESS **834 Long Bay Ct.**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **D** ☐ Delete
NAME **BIRKS, ROBERT W**
STREET ADDRESS **834 LONG BAY CT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **S** ☒ Change ☐ Addition
NAME **Birks, Jeanne P**
STREET ADDRESS **834 Long Bay Ct.**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **T** ☐ Delete
NAME **BIRKS, JEANNE P**
STREET ADDRESS **834 LONG BAY CT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **T** ☒ Change ☐ Addition
NAME **Birks-Kilman, Laurel E.**
STREET ADDRESS **834 Long Bay Ct.**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Robert W. Birks **ROBERT W. BIRKS** Director *4/20/2000* 407 846 6128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 004 (UBR)