

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91010 029 ***150.00

DOCUMENT # 421770

1. Entity Name
KELLEY RENT-A-CAR SYSTEM, INC.



Principal Place of Business
301 DYER BLVD
SUITE 102
KISSIMMEE FL 34741

Mailing Address
301 DYER BLVD
SUITE 102
KISSIMMEE FL 34741

2. Principal Place of Business
201 DYER BLVD.

3. Mailing Address
201 DYER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE FL

City & State
KISSIMMEE, FL.

Zip
34741

Country
OSCEOLA

Zip
34741

Country
OSCEOLA

4. FEI Number **59-1447040**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BIRKS, JEANNE P.
834 LONG BAY CT.
KISSIMMEE FL 34741

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **BIRKS, JEANNE P**
STREET ADDRESS **834 LONG BAY COURT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **T** ☒ Delete
NAME **BIRKS-KILMAN, LAUREL E**
STREET ADDRESS **834 LONG BAY CT**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **ST** ☐ Delete
NAME **BIRKS-KILMAN, LAUREL E**
STREET ADDRESS **3541 BRISTLECONE CT.**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☒ Delete
NAME **BICKS, JEFFREY R**
STREET ADDRESS **1839 KINGS POINT BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEANNE P. BIRKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/03 407 846-6128

CR2E034 (10/02)