## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 517057** 1. Entity <u>N</u>ame <sup>N</sup>a G & G'S CAPE CORAL RENT A CAR, INC. 01-29-2001 90151 048 \*\*\*150.00 Principal Place of Business Mailing Address 4806 CAPE CORAL STREET 4806 CAPE CORAL STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 901120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1705031 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 Name NASH, GREGORY W Street Address (P.O. Box Number is Not Acceptable) 2304 S.E. 2ND STREET CAPE CORAL FL 33990 City 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. 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change NASH, GREGORY W NAME NAME 2304 S.E. 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP ☐ Delete ☐ Change Addition NASH, GWENLYN NAME NAME STREET ADDRESS 2304 S.E. 2ND STREETT STREET ADDRESS CITY-ST-ZIP CAPE.CORAL FL.33990. CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED** 

SIGNATURE: DALLAND W. MASA Gregory W. Nash, Pres. 1-17-01 (941)542-2003