

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90195 016 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 55 1110		1. Entity Name Preferred Rent-A-Car, Inc.	
Principal Place of Business 19206 US HWY 19 North Clearwater, Florida 34624		Mailing Address <i>Sq Mall</i>	
2. Principal Place of Business P.O. Box 5822 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5822 Suite, Apt. #, etc.	
City & State Clearwater, Fl.		City & State Clearwater, Fl.	
4. FEI Number 591782046		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
B. Name and Address of Current Registered Agent <del>Bakkalapulo, Louis</del> 3000 Gulf to Bay Blvd. Ste. 404 Clearwater, Florida		7. Name and Address of New Registered Agent Name Louis Bakkalapulo, P.A. Street Address (P.O. Box Number is NOT Acceptable) 111 North Belcher Road Suite 201 City Clearwater FL Zip Code 33765	
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 <i>Louis Bakkalapulo, Pres.</i> DATE 7/30/01 <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Maria Kastrenakes</del> <del>19206 US HWY 19 North</del> <del>Clearwater, Florida</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Kastrenakes <input type="checkbox"/> Delete 19206 US HWY 19 North Clearwater, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Kastrenakes, PO Box 5822 Clearwater, Fl. 33758-5822 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Michael Kastrenakes, Pres.</i>		7/30/01 727-423-1913	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE AND PHONE NUMBER</small>	

CR26034 (11/00)