

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90029 040 ***150.00

DOCUMENT # 609743

1. Entity Name
JACKS RENT A CAR INC

Principal Place of Business Mailing Address
871 VENETIA BAY BLVD
VENICE FL.

2. Principal Place of Business 3. Mailing Address
4502 N. TAMiami TRAIL

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA FL

4. FEI Number
59-1883 186

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GUTHRIE JOHN W.C.
P.O. 394
VENICE FL. 34234

7. Name and Address of New Registered Agent
 Name
THOMAS GUTHRIE
 Street Address (P.O. Box Number is Not Acceptable)
4502 N. TAMiami TRAIL
SARASOTA
 City
FL Zip Code
34234



3667

DO NOT WRITE IN THIS SPACE

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 **THOMAS J. GUTHRIE - PRES.** 5/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	GUTHRIE JOHN W <input checked="" type="checkbox"/> Delete 700 GOLDEN BEACH VENICE FL 33595	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER - PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS GUTHRIE 4502 N. TAMiami TRAIL SARASOTA FL 34234-3866
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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CR2E034 (11/00)

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: **THOMAS GUTHRIE** 4/14/01 (941) 353-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #