

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-26-2003 90164 008 ***150.00

DOCUMENT # 658178

1. Entity Name

ALOHA AUTO RENTAL & LEASING, INC.



Principal Place of Business
193 ST. CROIX AVE
COCOA BEACH FL 32931
US

Mailing Address
P. O. BOX 0086
COCOA BEACH FL 32932-0086
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1989255**

Applied For
Not Applicable

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

GALLOWAY, ROBERT A.
193 ST CROIX
COCOA BEACH FL 32931

Name **DANIEL R. GALLOWAY**
Street Address (P.O. Box Number is Not Acceptable)
193 ST CROIX
PO BOX 320086
City **COCOA BEACH** FL Zip Code **32932**

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]

(NOTE: Registered Agent Signature required when reinstating)

2-24-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **GALLOWAY, ROBERT A.** ☒ Delete
STREET ADDRESS **193 ST. CROIX AVE.**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE **PDST**
NAME **Daniel R. Galloway** ☐ Change ☒ Addition
STREET ADDRESS **193 ST. Croix Ave**
CITY-ST-ZIP **Cocoa Beach Fla 32931**

TITLE **ST**
NAME **GALLOWAY, NATALIE A.** ☒ Delete
STREET ADDRESS **193 ST. CROIX AVE.**
CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

Date

Daytime Phone #

CR2034 (10/02)