

2002 UNIFORM BUSINESS REPORT (UBR)

04-08-2002 90070 042 ***150.00
FILED F01000003078

0604862 AT

DOCUMENT # F01000003078

1. Entity Name

U-SAVE AUTO RENTAL OF FLORIDA, INC.

02 APR 16 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19206 U.S. 19 NORTH
CLEARWATER FL 33764

Mailing Address

5454 I-55 NORTH, SUITE 300
JACKSON MS 39211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4780 I-55 North

3. Mailing Address

4780 I-55 North

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Jackson, MS

City & State

Jackson, MS

Zip

39211

Country

USA

Zip

39211

Country

USA

4. FEI Number

64-0941228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Capitol Corporate Services Inc.
1333 North Duvall Street
Tallahassee, FL 32303

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

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, 2002 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

TITLE PD
NAME MCDONNELL, THOMAS P III
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211 ☐ Delete

TITLE V
NAME HOFFNER, ROBERT
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211 ☒ Delete

TITLE S
NAME MOORE, O. KENDALL
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211 ☐ Delete

TITLE T
NAME GATHINGS, ROBERT M
STREET ADDRESS 4780 I-55 NORTH, SUITE 300
CITY-ST-ZIP JACKSON MS 39211 ☐ Delete

TITLE D
NAME TATUM, JOSEPH F JR.
STREET ADDRESS P.O. BOX 1089
CITY-ST-ZIP HATTIESBURG MS 39401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE Assistant Secretary
NAME michael kastrenakes
STREET ADDRESS 19206 U.S. Hwy 19 North
CITY-ST-ZIP Clearwater, FL 33764 ☐ Change ☒ Addition

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:

O. Kendall Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2002

Kendall Moore, Secretary

(601) 713-4333

Date

Daytime Phone #

CR2E034 (9/01)