

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 005 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000006847

1. Entity Name
SPIRIT RENT-A-CAR, INC.

Principal Place of Business: 29100 AURORA RD, SUITE 400, SOLON, OH 44139-1855
 Mailing Address: 29100 AURORA RD, SUITE 400, SOLON, OH 44139-1855



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number: **34-1614162**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
 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	
TITLE: P NAME: RAMAEKERS, LAWRENCE STREET ADDRESS: 200 S. ANDREWS AVE. CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete
TITLE: DVS NAME: SCHWARTZ, HOWARD D STREET ADDRESS: 200 S. ANDREWS AVE CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE: VT NAME: WILSON, LELAND F STREET ADDRESS: 200 S. ANDREWS AVE. CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE: V NAME: WILLIAMS, JEFFREY C STREET ADDRESS: 29100 AURORA RD, SUITE 400 CITY-ST-ZIP: SOLON, OH 441391855	<input checked="" type="checkbox"/> Delete
TITLE: VAS NAME: HURST, O. MASON STREET ADDRESS: 200 S. ANDREWS AVE. CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE: DV NAME: WOOD, MARY STREET ADDRESS: 200 S. ANDREWS AVE. CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: WILLIAM N. PLAMONDON, III STREET ADDRESS: 200 S. Andrews Ave., Fort Land., FL 33301 CITY-ST-ZIP: Fort Land., FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D/V NAME: Douglas C Laux STREET ADDRESS: 200 S. Andrews Ave., Fort Land., FL 33301 CITY-ST-ZIP: Fort Land., FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D/V/T NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Howard D. Schwartz* **Howard D. Schwartz** **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/03** Daytime Phone #: **954.320.4000**

CR2E034 (10/02)