2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # H28589** 04-17-2000 90053 044 ***150.00 GALEANA RENT-A-CAR, INC. Principal Place of Business Mailing Address 14375 S. TAMIAMI TRAIL 14375 S. TAMIAMI TRAIL UUUUNNUI FORT MYERS FL 33912-1943 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1129581 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUDRY, LEON Street Address (P.O. Box Number is Not Acceptable) 14375 S. TAMIAMI TRAIL FORT MYERS FL 33912-8943 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PD ☐ Delete TITLE TITLE NAME NAME GALEANA, FRANK STREET ADDRESS STREET ADDRESS 13323 ROSEWOOD LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition □ Delete TITLE NAME MUDRY, LEON NAME STREET ADDRESS 14375 S. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FORT MYERS FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME BOONE, WANDA NAME STREET ADDRESS 3525 23RD AVENUE S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Сhange ☐ Addition ☐ Delete TITLE TITLE GALEANA, CARL NAME NAME STREET ADDRESS STREET ADDRESS 1020 ELMSMERE DR CITY-ST-ZIP CITY-ST-7IP NORTHVILLE MI ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Change ☐ Addition ☐ Delete TITLE NAME NAME \mathcal{A}_{ζ}

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF

RINTED NAME OF

STREET ADDRESS

CiTY-ST-7iP

ank⊃Galeana ,Pres SIGNING OFFICER OF DIRECTOR

3/21/2000

941-481-2600

Daytime Phone #