

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66079

1. Entity Name

A + CAR RENTALS, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90028 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3800 34TH STREET  
ST. PETERSBURG FL 33714

3800 34TH STREET  
ST. PETERSBURG FL 33714-3702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, E.W. III  
3800 34TH STREET NORTH  
ST. PETERSBURG FL 33714

4. FEI Number

59-2550418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name C.W. Smith

Street Address (P.O. Box Number is Not Acceptable)

3800 34th Street North

City

St. Petersburg,

FL

Zip Code

33714

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 C.W. Smith, PD

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, E.W. JR.	
STREET ADDRESS	3800 34TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SMITH, BERT III	
STREET ADDRESS	3800 34TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-Pres/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bert Smith, III	
STREET ADDRESS	3800 34th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara G. Smith	
STREET ADDRESS	3800 34th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	Pres./Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C.W. Smith	
STREET ADDRESS	3800 34th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*C.W. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

727 527-1111

Daytime Phone #

CR2E034 (9/99)