## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H66079**

1. Entity Name A + CAR RENTALS, INC. Mailing Address Principal Place of Business 3800 34TH STREET 3800 34TH STREET ST. PETERSBURG FL 33714-3702 ST. PETERSBURG FL 33714 3. Mailing Address 2. Principal Place of Business 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

C.W. Smith, PD Signature, typed or printed name of registered agent and title if applicable

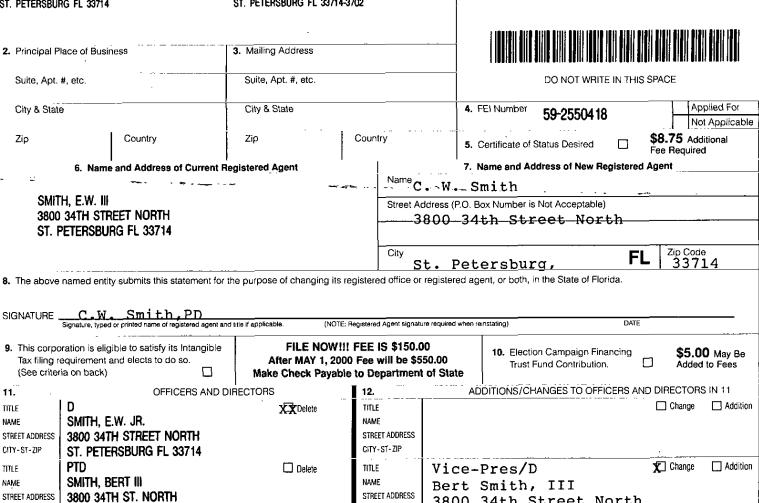
9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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

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



(See criter	ia on back)	□   Ma	ake Check Payable	to Department	of State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11.	OFFICERS AND DIRECTORS		RS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, E.W. JR. 3800 34TH STREET NORTH ST. PETERSBURG FL 33714		<b>X</b> XDelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE Name Street address City-St-Zip	PTD SMITH, BERT III 3800 34TH ST. NORTH ST. PETERSBURG FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bert :	Pres/D Smith, III 34th Street North etersburg, Fl 337	¶ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	the the section of th	ورارات والمستدارات	☐ Delete	TITLE NAME STREET ADDRESS = CITY-ST-ZIP	-3800 ·	tor ra G. Smith 34th Street North etersburg, F1 337	Change 	Addition
TITLE Name Street Address City-St-Zip			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.W.	/Director Smith 34th Street North etersburg, F1 337		<b>▼</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 ad

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

727 527-1111

Daytime Phone #