

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

DOCUMENT # J47869

1. Entity Name
PAUL WEST FORD, INC.



Principal Place of Business
**5755 W. 73RD STREET
INDIANAPOLIS IN 46278**

Mailing Address
**% BUDGET RENT A CAR
4225 NAPERVILLE RD.. ATTN: TAX DEPT.
LISLE IL 60532
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2747669

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SOTIR, MARK**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

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

TITLE **SD** ☐ Delete
NAME **APRATI, ROBERT L**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

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

TITLE **VD** ☐ Delete
NAME **KRAM, THOMAS L**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

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

TITLE **VP** ☐ Delete
NAME **ABBOTT, KATHERINE**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Katherine Abbott**
CITY-ST-ZIP **4225 Naperville Road**
Lisle, IL 60532

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Kram, V.P.

Date

630-955-1900

Daytime Phone #

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90109 001 ***150.00

90020400



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)