

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64665

1. Entity Name

ST. JOHNS AUTO RENTAL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 040 ***150.00

Principal Place of Business

Mailing Address

1605 ST. JOHNS AVE
PALATKA FL 32177

1605 ST. JOHNS AVE
PALATKA FL 32177-4438

2. Principal Place of Business

1008 Reid St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1514
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

P212+K2 FL

City & State

P212+K2 FL

4. FEI Number

59-2939892

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

32178

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, ROBERT D.
1605 ST JOHNS AVE
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

Same

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

1008 Reid St.

City

P212+K2

FL

Zip Code

32177

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

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 PD
NAME JONES, ROBERT D
STREET ADDRESS 1605 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE V
NAME SCROGGINS, KENT A
STREET ADDRESS 1609 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL ☒ Delete

TITLE ST
NAME JONES, NADENE S.
STREET ADDRESS 1605 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1008 Reid St.
CITY-ST-ZIP P212+K2 FL 32177

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1008 Reid St.
CITY-ST-ZIP P212+K2 FL 32177

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

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

TITLE ☐ Change ☐ 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: Nadene S. Jones 4/12/00 904-328-8773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)