

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90272 001 ****50.00

0057785

DOCUMENT # L00000014280

1. Entity Name

RENT A WHEEL, LLC



Principal Place of Business

~~1101 S. WILCOX AVE.~~

~~TAMPA FL 33604~~

Multiple Places in Florida

Mailing Address

16011 N NEBRASKA AVENUE

107

LUTZ FL 33549

00004500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3682291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILLS, FREDERICK J~~
~~4200 WEST PLATT STREET, SUITE 100~~
~~C/O MORRISON & MILLS~~
~~TAMPA FL 33606~~

Name *Jeffery S. Miesbauer, CEO*
Street Address (P.O. Box Number is Not Acceptable)
16011 N. Nebraska Ave
Suite #107
City *Lutz* FL Zip Code *33549*

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

Frederick J. Mills Attorney

01/31/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003 *4/25*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WEATHERMAN, BETTY**
CITY-ST-ZIP ~~14005 N. NEBRASKA AVE.~~
~~TAMPA FL 33610~~

TITLE ☒ Change ☐ Addition
NAME *16011 N. Nebraska Ave.*
STREET ADDRESS *Suite #107*
CITY-ST-ZIP *Lutz, FL 33549*

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **WEATHERMAN, GARY**
CITY-ST-ZIP ~~14005 N. NEBRASKA AVE.~~
~~TAMPA FL 33610~~

TITLE ☒ Change ☐ Addition
NAME *16011 N. Nebraska Ave.*
STREET ADDRESS *Suite #107*
CITY-ST-ZIP *Lutz, FL 33549*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

AT & T Financial Officer *02/03/03* *(813)949-8818*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)