2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, will

SIGNATURE:

FILED **DOCUMENT # L91620** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** CCC RENTAL, INC. 03-28-2000 90057 037 ***150.00 Mailing Address Principal Place of Business 11883 PEBBLEWOOD DR 11883 PEBBLEWOOD DR WELLINGTON FL 33414 WELLINGTON FL 33414-6032 2. Principal Place of Business 3. Mailing Address 7966 ROYM BTIKDALE GREEK 79 GG ROYAL BAZKBALE CACLE DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0213011 Not Applicable KRADENTON Dryg Chid Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRY -LEOPOUD LEOPOLD, HARRY Number is Not Acceptable) 11883 PEBBLEWOOD DR. **WELLINGTON FL 33414** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!X FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE LEOPOLD, HARRY NAME 11883 PEBBLEWOOD DR 7966 ROYAL BROKDALL STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL BRAD WITON FL 34200253 CITY-ST-7/P CITY-\$1-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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