## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L98000002262 04-22-2002 90343 001 \*\*\*\*50.00 AVI RENTAL SERVICES DIVISION, L.L.C. 04-22-2002 90343 002 \*\*\*\*\*5.00 Mailing Address Principal Place of Business 6313 BENJAMIN ROAD, SUITE 110 6313 BENJAMIN ROAD. SUITE 110 TAMPA FL 33634 **TAMPA FL 33634** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3538741 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required .7...Name and Address of New Registered Agent ..... 6.\_Name and Address of Current Registered Agent SCHAFFEL, MARTIN Street Address (P.O. Box Number is Not Acceptable) 6313 BENJAMIN ROAD, SUITE 110 **TAMPA FL 33634** Zip Code City 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!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS Addition MGR TITI F Delete mgr NAME SCHAFFEL, MARTIN STREET ADDRESS 6313 BENJAMIN ROAD, SUITE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÎP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Unereby 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 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.

FILED

Ann Schafel 4-10-02 813-884