2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004437

1. Entity Name

Price Rent-A-Car, L.C.

FILED
01 AUG -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

~~9251 South Orange Blossom Trail~~
~~Orlando, Florida 32387~~

2. Principal Place of Business		3. Mailing Address	
P.O. Box 5812		P.O. Box 5812	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater, Fl.		City & State: Clearwater, Fl	
Zip: 33758-5812	Country: USA	Zip: 33758-5812	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3587640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~Louis Bakkalapulo, P.A.~~
~~111 North Belcher Road, Ste. 201~~
~~Clearwater, Florida 33765~~
~~Michael Boutzoukas, Esq. Gold & Resnick, PA, 704 W. Bay St. Tampa~~

7. Name and Address of New Registered Agent

Name: Louis Bakkalapulo, P.A.
Street Address (P.O. Box Number is Not Acceptable): 111 North Belcher Road
Suite 201
City: Clearwater, FL Zip Code: 33765

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] - Pres. Louis Bakkalapulo Pres 7/30/01
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 Department of State

800004513768--6
-08/03/01--01032--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Michael Kastrenakes ~~19206 US HWY 19 North~~ ~~Clearwater, Florida 33746~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Michael Kastrenakes P.O. Box 5812, Clearwater, Fl 33758-5812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

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: [signature], Manager 7/30/01 7274231913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michael Kastrenakes, Mgr.