

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007059

1. Entity Name

BUDGET AUTO CREDIT, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

8775 ARLINGTON EXP.

3. Mailing Address

700 8TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

BIRMINGHAM AL

Zip

32211

Country

U.S.

Zip

35233

Country

U.S.

4. FEI Number

63-1233990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 CORPORATION SYSTEM
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: PRESIDENT
NAME: OTAKI, YUT
STREET ADDRESS: 700 8TH STREET
CITY-ST-ZIP: BIRMINGHAM, AL 35233

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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CITY-ST-ZIP:

☐ Change ☐ Addition

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

3/2/01

Date

322-7877

Daytime Phone #

CR2E083 (11/00)

FILED
01 MAR 26 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA