

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001070 AF

DOCUMENT # L99000007588

1. Entity Name
STARFISH RENT A CAR, L.L.C.

00 APR 23 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1614 MCCOY ROAD
ORLANDO FL 32809

Mailing Address
1614 MCCOY ROAD
ORLANDO FL 32809-7861



2. Principal Place of Business

6101 Sand Lake Rd.
Suite, Apt. #, etc.

3. Mailing Address

1614 McCoy Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MMN

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3614672

Applied For
Not Applicable

Zip
32819

Country
USA

Zip
32819

Country
USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLNER, DAWN ESQ.
111 NORTH ORANGE AVENUE, 20TH FLOOR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
COURTNEY MILFORD
Street Address (P.O. Box Number is Not Acceptable)
1614 MCCOY ROAD
City
Orlando FL Zip Code
32809

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 Courtney W. Milford DATE 4/20/00
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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
COURTNEY MILFORD
5102 Poland Tree Ct.
Orlando FL 32819 ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3000003245739-3
-05/09/00--01126-004
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3000003245739-3
-05/09/00--01126-009
*****5.00 *****5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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: Courtney W. Milford DATE 4/20/00 DAYTIME PHONE # (407) 438-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)