2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 20, 2002 8:00 am Secretary of State P00000012126 DOCUMENT # 1. Entity Name 05-20-2002 90014 009 ***150.00 MCBARGAIN RENT-A-CAR, INC. Mailing Address Principal Place of Business 4027 N. WASHINGTON BLVD. 4027 N. WASHINGTON BLVD. SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3637757 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired .Fee.Required _ - - - - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joseph V. Rodriguez MYERS, JOHN H Street Address (P.O. Box Number is Not Acceptable) <u>4027 Washington Blvd. N</u> 2831 RINGLING BLVD., B-107 SARASOTA FL 34237 Zip Code City Sarasota 34234 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. (Joseph V. Rodriquez SIGNATURE (NOTE: Registered Agent signature required when reinstating) ure, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, JOSEPH V NAME NAME STREET ADDRESS 4027 N. WASHINGTON BLVD. STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP Addition Change Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE _ , _ . ح . ـ ـ ك Delete - ـ ـ ك 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-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 13. 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED

941-359-2772