

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91186 025 \*\*\*150.00

**DOCUMENT # P00000027377**

**1. Entity Name**  
**MORANDE RENT A CAR, INC.**

**Principal Place of Business**  
**1472 AIRPORT RD. S.**  
**NAPLES FL 34104**

**Mailing Address**  
**1472 AIRPORT RD. S.**  
**NAPLES FL 34104**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3633923**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEWIS, DOUG**  
**850 PARK SHORE DR. 3RD FLOOR**  
**TRIANON CENTRE**  
**NAPLES FL 34103**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **MORANDE, JAMES A JR**  
**STREET ADDRESS** **5205 OLD GALLOWES WAY**  
**CITY-ST-ZIP** **NAPLES FL 34105**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **5180 Old Gallows Way**  
**CITY-ST-ZIP** **Naples, Fl 34105**

**TITLE** **V** ☐ Delete  
**NAME** **MORANDE, MICHAEL J**  
**STREET ADDRESS** **9030 HARVEST WOOD CT.**  
**CITY-ST-ZIP** **ESTERO FL 33928**

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

**TITLE** **T** ☒ Delete  
**NAME** **MORANDE, DONNA**  
**STREET ADDRESS** **5205 OLD GALLOWES HAY**  
**CITY-ST-ZIP** **NAPLES FL 34105**

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

**TITLE** **S** ☐ Delete  
**NAME** **PINKSTON, KERNEY L**  
**STREET ADDRESS** **735 102ND AVE.**  
**CITY-ST-ZIP** **NAPLES FL 34108**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **4060 Mariner Lane**  
**CITY-ST-ZIP** **Bonita Springs, Fl 34134**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A. Morande Jr.** **4/30/02** **941-732-8909**

Date

Daytime Phone #

CP2E034 (9/01)