FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000044382

FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90246 030 ***150.00

1. Entity Name	nily Auto Renta	els ! Causin	19, 14		-21-2003 30240	7050 150.00	
DO NOT WRITE IN THIS SPACE				TARRICAL			
2. Principal Place of Business 3. Mailing Address					, 		
3210 W. Oakland Is-k Blyd Same Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #	F, OCC.	Suite, Apt. #, etc.		BONOT	WHITE IN THIS SPAC	E	
Cak State	nd Park	City & State	*	4. FEI Number /07 /2		Applied For Not Applicable	
3337	Country S	Zip	Country	5. Certificate of Status Desir		75 Additional Required	
7 9 4 5 -			Nome	7. Name and Address of Current Registered Agent			
IN THIS SPACE City Dak land Park 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATUL.ಕೃ _	Signature, typed or printed name of registered agent	and title if applicable. (NO	FE: Registered Agent signature requi	red when reinstating)	DATE	-6	
	uary, 1 × May I <u>Social \$150.00 -</u> After May 1, Cee is \$550.00 Afternood UBR is \$61.25 Payable to Florido Geografiaent o	State		9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
TITLE	OFFICERS AND		TITLE	2			
NAME STREET ADDRESS CITY-ST-ZIP	Mark C. Pancal 2210 W. Oakland Oakland Park PC		NAME STREET ADDRESS CITY-ST-ZIP.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			INTLE NAME NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME Street Address City-St-Zip			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NO	T WRITE	=	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	*	NAME STREET ADDRESS CITY ST - ZIP	IN THIS	SPACE		
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST-ZIP				
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12. 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 10 or on an attachment with an address, with all other like empowered.							

Daytime Phone #