

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054013

1. Entity Name

KEY TRUCK AND CAR RENTAL, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90438 034 ***150.00

Principal Place of Business

5970 PENSACOLA BOULEVARD
PENSACOLA FL 32505

Mailing Address

5970 PENSACOLA BOULEVARD
PENSACOLA FL 32505

2. Principal Place of Business

5970 PENSACOLA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

5970 PENSACOLA BLVD.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

4. FEI Number

59-3230886

Applied For

Not Applicable

Zip
32505

Country

ESCAMBIA

Zip
32505

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIANO, ANTHONY J
5970 PENSACOLA BOULEVARD
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

ANTHONY J. CIANO

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

5970 PENSACOLA BLVD.

City

PENSACOLA

FL

Zip Code
32505

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CIANO, ANTHONY J
CITY-ST-ZIP 5970 PENSACOLA BOULEVARD
PENSACOLA FL 32505

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-505-0567

CR2E034 (10/00)