

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90216 008 ***150.00

DOCUMENT # P00000089172

1. Entity Name
GOLF CAR SALES & RENTAL, INC.



Principal Place of Business
3401 HIGHWAY 98 SOUTH
LAKELAND FL 33803

Mailing Address
POST OFFICE BOX 33113
LAKELAND FL 33804

30033443



2. Principal Place of Business

3. Mailing Address
P.O. Box 509
Suite, Apt. #, etc.
EATON PARK, FLA

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3673563

Applied For

Not Applicable

Zip

Country

Zip

Country

33840

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

HALLOCK, DAVID D JR.
LANE, TROHN, BERTRAND & VREELAND, P.A.
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WENDELL, JEFFREY L**
STREET ADDRESS **417 VIA BIANCA DRIVE**
CITY-ST-ZIP **DAVENPORT FL 33896**

☒ Change ☐ Addition
1808 MAHAFFEY CIRCLE
LAKE LAKE, FL 33811

TITLE **D** ☐ Delete
NAME **CRAWFORD, WARREN E**
STREET ADDRESS **323 PALENCIA PLACE**
CITY-ST-ZIP **LAKELAND FL 33803**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 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

3-21-03

Date

863-944-2792

Daytime Phone #

CR2E034 (10/02)