FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P00000115104 1. Entity Name 02-20-2002 90056 028 ***150 00 FIRKINS CAR RENTAL OF BRADENTON, INC. Principal Place of Business Mailing Address 2700 1ST STREET 2700 1ST STREET **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1065855 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIRKINS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2700 1ST STREET **BRADENTON FL 34208** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS CR2E034 (9/01) ☐ Delete TITLE ☐ Addition Change FIRKINS, ROBERT NAME NAME 2700 1ST ST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP **EVPD** TITLE □ Delete TITLE ☐ Addition SABA, WILLIAM C NAME NAME STREET ADDRESS 2700 1ST ST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Addition _____ ☐ Delete TITLE ☐ Change FIRKINS, LINDA NAME NAME STREET ADDRESS 2700 1ST STREET STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34208 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

RESIDENT