

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90998 041 \*\*\*150.00

0000101 AT

DOCUMENT # P01000003881

1. Entity Name

A1A CAR RENTAL, INC.



Principal Place of Business

160 S ORLANDO AVE  
COCOA BCH FL 32931

Mailing Address

160 S ORLANDO AVE  
COCOA BCH FL 32931

2. Principal Place of Business

725-12TH STREET

3. Mailing Address

PO # 320456

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

VERO BEACH, FLA.

City & State

Cocoa Beach, Florida

4. FEI Number

59-3690254

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32937

Country

USA

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

PERKINS, BRENT

160 S ORLANDO AVE

COCOA BCH FL 32931

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

*Sharon Perkins*

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  
NAME PERKINS, BRENT  
STREET ADDRESS 160 S ORLANDO AVE  
CITY-ST-ZIP COCOA BCH FL 32931

TITLE P  
NAME SHARON PERKINS  
STREET ADDRESS 160 S. ORLANDO AVE.  
CITY-ST-ZIP COCOA-BEACH, FL. 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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:

*Sharon Perkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

321-784-9994

Daytime Phone #

CR2E034 (10/02)