


Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 28 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <u>PO1000030985</u>	
1. Entity Name <u>First Coast Car Rentals Center INC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9550 Bay Meadows Rd Suite 11</u>		3. Mailing Address <u>8767 Harpers Glen Ct</u>	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32256</u>	Country <u>Duval</u>	Zip <u>32256</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3706773</u>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required <input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name <u>Jim Handoush</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8767 Harpers Glen Ct.</u>		
City <u>Jacksonville</u>	FL	Zip Code <u>32256</u>

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 <u>300024217713</u> <u>10/28/03--01085--004 **61.25</u>	(NOTE: Registered Agent signature required when transacting)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <u>P.O.</u>	NAME <u>Jim Handoush</u>	TITLE	
STREET ADDRESS <u>8767 Harpers Glen Ct</u>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <u>Jacksonville, FL 32256</u>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <u>V.O.</u>	NAME <u>Katam Halim</u>	TITLE	
STREET ADDRESS <u>8767 Harpers Glen Ct</u>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <u>Jacksonville, FL 32256</u>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <u>S.O.</u>	NAME <u>Hanan Handoush</u>	TITLE	
STREET ADDRESS <u>8767 Harpers Glen Ct</u>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <u>Jacksonville, FL 32256</u>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Jim Handoush Date: 10-15-03 904-608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)