

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90201 019 ***150.00

DOCUMENT # P02000061401 1. Entity Name A PALM COAST AUTO RENTAL INC.					
Principal Place of Business 220 PALM COAST PARKWAY N.E. PALM COAST, FL 32137			Mailing Address 220 PALM COAST PARKWAY N.E. PALM COAST, FL 32137		
2. Principal Place of Business 303 N. State ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 249 Suite, Apt. #, etc.			
City & State Bunnell FL.		City & State Bunnell FL		4. FEI Number 01072-2180	
Zip 32110		Country Flagler		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVITO, THOMAS J 40 WEST GLEN LN. PALM COAST, FL 32164			7. Name and Address of New Registered Agent 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 <i>Thomas J. Devito</i> 5-30-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$160.00 <small>After May 1, 2003 Fee will be \$650.00</small> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVITO, THOMAS J 40 WEST GLEN LN PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVITO, LYNN J 40 WEST GLEN LN PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVITO, HANNAH L 40 WEST GLEN LN PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Thomas J. Devito 5-30-03 386-586 5587 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #</small>					

CH2E034 (10/02)