2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000002754

1. Entity Name

ZIPPY RENT-A-CAR, INC.



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

03-24-2003 90162 021 ***150.00

27365 U.S. HIGHWAY 19. NORTH 2		Mailing Address 27365 U.S. HIGHWAY 19, CLEARWATER FL 33761	NORTH		18 11811 1881 1811 1818 1881	
2. Principal Place of Business		3. Mailing Address		T 0 0 10 0 1 1 1 1 1 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING (☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3162732	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional see Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	ent	
			Name			
BACON, DAVID A ESQ 2959 FIRST AVE NO			Street Address (Street Address (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33713				*****		
			City	FL	Zip Code	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or register	red agent, or both, in the State of Florida. I am far	miliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature required	d when reinstating) DATE		
<u></u>	W. F. MOWILL FEET 10 A450 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2 /		
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		11.	ADDITIONS/CHANGES TO OFFICERS AND D		
NAME STREET ADDRESS	CASH, JANE W 11717 SPLIT TREE CIRCLE	. Delete	TITLE NAME STREET ADDRESS	, · · · · ·	☐ Change ☐ Addition 8	
CITY-ST-ZIP	POTOMAN MD 20854		CITY-ST-ZIP		ا ا	
TITLE	D	☐ Delete	TITLE	[☐ Change ☐ Addition	
NAME	JENKINS, GARRY M -		NAME		`	
STREET ADDRESS CITY-ST-ZIP	373 CARRIAGE WAY PARK ANNAPOLIS MD 21401		STREET ADDRESS CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	FITZGERALD, DOROTHY M	,	NAME			
	9624 GLENCREST LANE		STREET ADDRESS			
CITY-ST-ZIP	KENSINGTON MD 20895	*****	CITY-ST-ZIP			
TITLE	P SMITH, ROBERT J	☐ Delete	TITLE	C	Change Addition	
NAME STREET ADDRESS	250 TURTLE CREEK CIRCLE		NAME STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34877		CITY-ST-ZIP			
TITLE	AST	☐ Delete	TITLE		Change Addition	
NAME	BENTZON, MICHAEL P	□ Delete	NAME	L		
STREET ADDRESS	11141 HURDLE HILL DR		STREET ADDRESS			
CITY-ST-ZIP	POTOMAC MD 20854		CITY-ST-ZIP			
TITLE	AST	☐ Delete	TITLE		Change Addition	
NAME	BARBER, JESSIE R		NAME	_		
STREET ADDRESS	1701 PINEHURST RD #19-H		STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698	***************************************	CITY-ST-ZIP			
12. Thereby certify that the information supplied with this filling 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 supplies with this 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. with all other like empowered.

SIGNATURE: