

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthomme  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000091085 (7)

1. Corporation Name

NEIGHBORHOOD AUTO RENTAL ASSOCIATION, INC.



Principal Place of Business

1130 PINELLAS BAY WAY #4  
TIERRA VERDE FL 33715

Mailing Address

1130 PINELLAS BAY WAY #4  
TIERRA VERDE FL 33715

3. Date Incorporated or Qualified  
11/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 4701 Central Avenue

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL

Zip

24 33713

Country

25 USA

2a. Mailing Address

26 4701 Central Avenue

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

29 33713

Country

30 USA

4. FEI Number  
65-0624933

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMBROSIO, GINA  
1130 PINELLAS BAY WAY #4  
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

Gina Ambrosio

82 Street Address (P.O. Box Number is Not Acceptable)

4701 Central Avenue

83

84 City

St. Petersburg,

FL

85 Zip Code

33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Gina Ambrosio*

Gina Ambrosio, Vice President

April 24, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENTLEY, THAD  
STREET ADDRESS 14 MARINA TERRACE  
CITY-STATE-ZIP TREASURE ISLAND 33 706

TITLE VTSD  
NAME AMBROSIO, GINA  
STREET ADDRESS 1130 PINELLAS BAY WAY, #4  
CITY-STATE-ZIP TIERRA VERDE FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Treasurer ☒ Change ☐ Addition  
1.2 NAME Gina Ambrosio  
1.3 STREET ADDRESS 1130 Pinellas Bayway, #4  
1.4 CITY-STATE-ZIP Tierra Verde, FL 33715

2.1 TITLE Vice President, Secretary ☐ Change ☐ Addition  
2.2 NAME Thad Bentley  
2.3 STREET ADDRESS 14 Marina Terrace  
2.4 CITY-STATE-ZIP Treasure Island, FL 33706

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS

700001814417

05/03/96-01021-045

\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gina Ambrosio*

GINA AMBROSIO

5/1/96

813-323-2289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E034 (12/95)