

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023786

1. Entity Name
EAGLE RENT A CAR, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90029 018 ***158.75

Principal Place of Business 5850 LAKEHURST DRIVE SUITE 150-27 ORLANDO FL 32819	Mailing Address 5850 LAKEHURST DRIVE SUITE 150-27 ORLANDO FL 32819-8386
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 102 E. VINE STREET Suite, Apt. #, etc.	3. Mailing Address 102 E. VINE STREET Suite, Apt. #, etc.
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City & State KISSIMMEE FL	City & State KISSIMMEE FL	4. FEI Number 59-3368521	Applied For <input type="checkbox"/> Not Applicable
Zip 34744	Country US	Zip 34744	Country US

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FREIRE, ALEXIS~~
~~5850 LAKEHURST DRIVE~~
~~SUITE 150-27~~
~~ORLANDO FL 32819~~

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.

SIGNATURE: DATE: 2-02-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME FREIRE, ALEXIS	102 E. VINE ST
STREET ADDRESS 5850 LAKEHURST DRIVE, SUITE 150-27	KISSIMMEE, FL 34744
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME FREIRE, ARY	
STREET ADDRESS 5850 LAKEHURST DRIVE, SUITE 150-27	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 2-02-00 DAYTIME PHONE #: 407-397-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)