

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90014 017 \*\*\*150.00

**DOCUMENT # P98000006104**

1. Entity Name

**ANNETTE AUTO RENTAL, INC.**

Principal Place of Business

**8327 ARLINGTON EXPRESSWAY  
 JACKSONVILLE FL 32211**

Mailing Address

**PO BOX 8904  
 JACKSONVILLE FL 32239**

2. Principal Place of Business

**2238 ATLANTIC BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**2238 ATLANTIC BLVD.**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3485202**

Applied For

Not Applicable

Zip

Country

**32207 U.S.**

Zip

Country

**32207 U.S.**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, DAVID**

**8327 ARLINGTON EXPRESSWAY  
 JACKSONVILLE FL 32211**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, DAVID</b>	
STREET ADDRESS	<b>3667 ARIEL COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, WILLIAM S</b>	
STREET ADDRESS	<b>138 PASSAGE DRIVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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:

**DAVID MYERS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**  
 Date

Daytime Phone #

CR2E034 (10/00)