

# 2000 UNIFORM BUSINESS REPORT (UBR)

0063255

DOCUMENT # P98000062132

1. Entity Name

ALL FLORIDA AUTO RENTALS INC.

Principal Place of Business

165 CESSNA DRIVE, SUITE 110  
PORT ST JOE FL 32456

Mailing Address

165 CESSNA DRIVE, SUITE 110  
PORT ST JOE FL 32456-7370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3522244

Applied For

Not Applicable

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 -

CULLEN, JOHN F JR  
165 CESSNA DRIVE, SUITE 110  
PORT ST JOE FL 32456

Name

Colleen A. Ciochetto

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

106 21 Ave

City

Apalachicola

FL

Zip Code

32320

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CULLEN, JOHN F JR  
CITY-ST-ZIP 165 CESSNA DRIVE, SUITE 110  
PORT ST JOE FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800003342588--7  
CITY-ST-ZIP -08/01/00--01084--004  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CIOCHETTO, COLLEEN A  
CITY-ST-ZIP 106 21ST AVE  
APALACHICOLA FL 32320

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SP/m

5/18/00 850-227-9500



of Florida

165 Cessna Drive, Suite 110, Port St. Joe, Florida 32456  
Facsimile: 850 229-8470 E-mail: RentAWreck@hotmail.com

*page 2 of 2*  
850 227-9500

Costin Airport  
Identifier A51

*"Don't let the name fool you"*

July 12, 2000

Division of Corporations  
Tallahassee, FL

DEAR SIRs:

Our registered agent, John F. Cullen Jr. was killed in an auto accident in April and we did not receive this paperwork until late.

*Please accept our filing without the penalty due to the circumstances.*

Your help is greatly appreciated during this difficult time.

Sincerely,

All Florida Auto Rentals Inc.